

**Depression Screening Tool**

This is a screening measure to help you determine whether you might have depression that needs professional attention. This screening tool is not designed to make a diagnosis of depression but to be shared with your primary care physician or mental health professional to inform further conversations about diagnosis and treatment.

**Directions:**

1. Complete the provided form
2. Print out the results
3. Share them with your health care provider to determine a diagnosis

**Over the last two weeks, how often have you been bothered by any of the following problems?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Several days | More than half of the days | Nearly every day |
| 1. Little interest or pleasure in doing things |[ ] [ ] [ ] [ ]
|  2. Feeling down, depressed, or hopeless |[ ] [ ] [ ] [ ]
|  3. Trouble falling or staying asleep, or sleeping too much |[ ] [ ] [ ] [ ]
|  4. Feeling tired or having little energy |[ ] [ ] [ ] [ ]
|  5. Poor appetite or overeating |[ ] [ ] [ ] [ ]
|  6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down |[ ] [ ] [ ] [ ]
|  7. Trouble concentrating on things such as reading the newspaper or watching television |[ ] [ ] [ ] [ ]
|  8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual |[ ] [ ] [ ] [ ]
|  9. Thoughts that you would be better off dead or of hurting yourself in some way |[ ] [ ] [ ] [ ]

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| **If you clicked on any problems above, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?** |

Not difficult at all [ ]  Somewhat difficult [ ]  Very difficult [ ]  Extremely difficult [ ]

Please print this completed form and share it with your health care provider to determine a diagnosis.

For more information, visit us at www.adaa.org or contact us at information@adaa.org

Reference: Based on Patient Health Questionnaire-9 (PHQ-9) Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc.