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Patient Information

Patient Name :Jill J Thor
MRN : 3
System PID : 838987
Email Id : testjillthor@mailinator.com
Contact No : 998-794-4681
Date of Birth : 02/23/2024
Gender : Female

Address : 7678 Admin support
City : Houston
State : TX
Zipcode : 07777
Submitted By : Training Provider On 03/20/2024

PHQ9

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	✓	✗	✗	✗
Feeling down, depressed or hopeless	✗	✓	✗	✗
Trouble falling asleep, staying asleep, or sleeping too much	✗	✗	✓	✗
Feeling tired or having little energy	✗	✗	✗	✓
Poor appetite or overeating	✗	✗	✓	✗
Feeling bad about yourself - or that you're a failure or have let yourself or your family down	✗	✓	✗	✗
Trouble concentrating on things, such as reading the newspaper or watching television	✓	✗	✗	✗
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	✗	✓	✗	✗
Thoughts that you would be better off dead or of hurting yourself in some way	✗	✗	✓	✗
Score:				12

Interpretation

- Total scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe and severe depression, respectively.
- Note: Question 9 is a single screening question on suicide risk. A patient who answers yes to question 9 needs further assessment for suicide risk by an individual who is competent to assess this risk.

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