Date:

Name:	Doctor/Health Care Provider:
Your date of Birth:	How many children you have?
WIC ID #:	Are you pregnant or breastfeeding?
Phone:	Please circle your ethnicities: White Hispanic Asian African American American Indian Other: _____

PATIENT HEALTH QUESTIONNAIRE

Over the *last* 2 weeks, how often have you been bothered by any of the following problems? (use "√" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Add Columns: _____+ _____+ _____

(Healthcare professional: For interpretation of *TOTAL,* please refer to accompanying scoring card.)

TOTAL: _____

0. If you checked off any problems, how *difficult* have these problems 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** _____

This institution is an equal opportunity provider.

This information is confidential and will not affect my eligibility for or participation in the WIC program.

PHQ-9- Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer.

Contra Costa County WIC Program