



Depression Screening Tool Instructions & Resources

Mental wellbeing is an important part of overall wellbeing. Attached is a depression screening tool that you can use to assess how you are feeling, or to share with someone you know. It is the same tool that is used at San Diego Depression Screening Week events in October. Please note there is always help available, whether from your own healthcare provider, the 24 hour/7days a week Access and Crisis Line (800-479-3339), or 2-1-1. Take care of yourself, seek help if needed, and support others that may be suffering from a mental illness.

Instructions

Please note that completing the attached screening tool, the PHQ-9, is meant to be **informational, not diagnostic**.

- To score, tally each item checked/circled for the total number of points.
- Your score indicates whether your responses on the questionnaire are consistent with symptoms of depression, indicating mild (5-9 points), moderate (10-14 points), moderately severe (15-19 points), or severe (20-27 points) depression.
- Based on those results, **you should consult with your physician or mental health professional, particularly if you:**
 - ✓ Scored 15 and above
 - ✓ Scored 2 or 3 on question 1 or 2
 - ✓ And/or scored 1-3 on question 9
- If you do not receive regular care and/or wish to learn about mental health resources, please call the 24 hour/7days a week **ACCESS and CRISIS LINE** (1-800-479-3339), or **2-1-1**.
- **If emergency medical care is needed, call 9-1-1 or go to the emergency room of the nearest hospital.**

Resources

Below are mental health website links that provide general facts concerning mental illness, information on California's Mental Health Services Act, and local community events.

National Links

- www.mentalhealth.samhsa.gov
- www.nmha.org
- www.nami.org

Local Links

- www.Up2SD.org
- www.sandiego.networkofcare.org/mh



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PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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

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=Total Score:

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