



MOBILIZE
PHYSICAL THERAPY

Refine Movement. Elevate Performance.

General Health Questionnaire

Name: _____ Date: _____

Height: _____ Weight: _____

Have you fallen in the past year? _____

If yes, how many times? _____

Over the **last 2 weeks**, have you been bothered by the following problems?

Feeling down, depressed, irritable, or hopeless. Yes No

Little interest or pleasure in doing things. Yes No

***If you answered yes to either of the last two questions,
please complete the opposite side.***

1. Little interest or pleasure in doing things

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

2. Feeling down, depressed or hopeless

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

3. Trouble falling asleep, staying asleep, or sleeping too much

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

4. Feeling tired or having little energy

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

5. Poor appetite or overeating

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

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 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

Depression Screening Questionnaire Rating

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.

Interpretation

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0-4	None-Minimal	None
5-9	Mild	Watchful waiting, PHQ-9 at follow-up
10-14	Moderate	Treatment plan, considering counseling, follow-up
15-19	Moderately Severe	Refer for Psychotherapy
20-27	Severe	Immediate referral to Mental Health Specialist