depression screen

Directions: Form to be used by physicians for depression screening.

STEP I: The Two–Question Screen for Depression

A quick way of screening patients you think may be depressed requires asking patients these two questions:

During the past month, have you often been bothered by:

A. Little interest or pleasure in doing things? Yes No
B. Feeling down, depressed or hopeless? Yes No

If the patient's response to both questions in "no," the screen is negative.

If the patient responded "yes" to either question, consider asking more detailed questions or using the Patient Questionnaire – Prime-MD below (Step II).

STEP II: Administer Patient Questionnaire – Prime-MD (questionnaire page follows this page)

Major Depressive Syndrome is suggested if, five or more of the nine items from the Patient Questionnaire are checked as: "More than half the days" **and** either item from Step II (1) or (2) is answered as: "More than half the days." Please use ICD-10-CM F32 (Major Depressive Disorder, Single Episode) or ICD-10-CM F33 (Major Depressive Disorder, Recurrent).

STEP III: Suicide Screening Questions

When a diagnosis of Major Depression is made, suicide risk requires assessment. For all depressed patients the following questions may be asked:

- Have these symptom/feelings we've been talking about lead you to think you might be better off dead?
- This past week, have you had any thoughts that life is not worth living or that you'd be better off dead?
- What about thoughts of hurting or even killing yourself? If YES -- What have you thought about? Have you actually done anything to hurt yourself?

If a patient says **"yes"** to any of these questions, they may be at risk of hurting themselves. The patient should be referred for immediate evaluation to determine whether hospitalization is needed.

STEP II. Continued from page 1.

Patient Questionnaire – Prime-MD
Nine Symptom Checklist

Patient Name _____ Date _____

Directions: Please check the most applicable box.

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 the days	Nearly every day
1. Little interest or pleasure in doing things.	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless.	☐	☐	☐	☐
3. Trouble falling/staying asleep, 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.	☐	☐	☐	☐

If you checked off any problems on this questionnaire, 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