Physicians Depression Questionnaire*

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things.
   § Not at All 0
   § Several Days 1
   § More than half the days 2
   § Nearly every day 3

2. Feeling down or depressed.
   § Not at All 0
   § Several Days 1
   § More than half the days 2
   § Nearly every day 3

3. Trouble falling or staying asleep, or sleeping too much.
   § Not at All 0
   § Several Days 1
   § More than half the days 2
   § Nearly every day 3

4. Feeling tired or having little energy.
   § Not at All 0
   § Several Days 1
   § More than half the days 2
   § Nearly every day 3

5. Poor appetite or overeating.
   § Not at All 0
   § Several Days 1
   § More than half the days 2
   § Nearly every day 3

6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down.
   § Not at All 0
   § Several Days 1
   § More than half the days 2
   § Nearly every day 3
7. Trouble concentrating on things, such as reading the newspaper or watching television.

§ Not at All 0
§ Several Days 1
§ More than half the days 2
§ Nearly every day 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.

§ Not at All 0
§ Several Days 1
§ More than half the days 2
§ Nearly every day 3

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

§ Not at All 0
§ Several Days 1
§ More than half the days 2
§ Nearly every day 3

Total Score

Interpreting Scores:

This questionnaire estimates the overall severity of depression experienced by the patient according to the categories shown in the table below. If you scored in the 10-14 range, you should probably seek treatment. If you scored a 15 or higher, seeking treatment is strongly recommended.

<table>
<thead>
<tr>
<th>Raw score</th>
<th>Range of severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>Not Present</td>
</tr>
<tr>
<td>5-9</td>
<td>Minimal symptoms of depression reported</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate symptoms of depression reported</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately Severe symptoms of depression reported</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe symptoms of depression reported</td>
</tr>
</tbody>
</table>

* This test is not a diagnosis, but a screening tool. If you screen positive please inform your physician to discuss further evaluation and/or treatment.