

Patient Health Questionnaire – 9 (PHQ-9)

(Hot Sheet)

CF/MH-10 New 1/15
(mandatory/obligatorio)

This form is intended to measure depression levels in pregnant and post-partum women. This form should be completed within 30 days of enrollment and again 6 weeks after birth. The form should be given to the participant for completion.

Completion of this form:

1. Complete the Name and Date
2. Indicate whether this is the prenatal or post-partum screening by checking the appropriate box.
3. Participant circles the number that best represents their answer to the question. The CCS/HV may clarify any questions the participant has and may state the question in a different way to help the participant understand what is being asked.
4. For scoring, add each column individually, and then add all totals from each column together for a total score.
 - a. Based on the total score, refer to procedure PW07 for proper steps to take.
5. Staff sign and date once questionnaire is completed.