5. Being so restless that it is hard	to sit s	still
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TABLE 3

PHQ-9 Screening Instrument for Depression

Over the past 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
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	. 3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	The different acceptance.
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	No. 40 A METALLOCK STRUMENT AND 46 ORGANISTS OF STRUMENT OF STRUME
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	G OD ALTHOU A THE TOP OF THE TOP OT THE TOP OF THE TOP

Scoring: 1 to 4 points = minimal depression, 5 to 9 points = mild depression, 10 to 14 points = moderate depression, 15 to 19 points = moderately severe depression, 20 to 27 points = severe depression.

PHQ = Patient Health Questionnaire.

Adapted from Patient Health Questionnaire (PHQ) screeners. http://www.phqscreeners.com. Accessed February 8, 2018.