




Michigan Heart, PC: Depression Screening

Depression can greatly impact the quality of life of our patients. In some cases, the onset of Depression can lead to worse prognosis for the cardiac condition we are trying to treat. With this in mind, your Heart Doc or Nurse at Michigan Heart may ask to perform a Depression Screen.

If you have recently suffered a Myocardial Infarct (Heart Attack) or are recently recovering from an Invasive Cardiac Surgery, you may be a candidate for Depression Screening.

This screening process involves asking you to answer a series of 9 questions. This screening process is referred to as the PHQ-9 screen and dependant on your answers, will indicate a score between 0 and 27. The actual PHQ-9 Questionnaire can be found [here](#).

Depending on your final score, we will follow up in one of three ways:

-  Send a letter notifying your Primary Care Physician of our findings
-  Ask you to follow up by phone with our Social Worker
-  Take no action at all if you are not at risk

The scores, indications, and possible actions taken can be seen here.

For more information on Depression, please [click here](#).

PHQ-9 Scoring, Indication, and Actions Taken:

<i>Score</i>	<i>Indication</i>	<i>Actions</i>
Less than 5	No or low probability of Depressive Episode	No further action will be taken at this time.
5 to 9	Moderate Risk for Depressive Episode	You will receive a follow-up call within the month from our Social Worker, Natalie Palay, MSW.
10 or Above	High Risk for Depressive Episode	A letter has been sent to your Primary Care Physician concerning your risk of Depressive Episode. Your PCP will follow up with you to determine your need for and type of treatment for depression.

PHQ-9 Patient Health Questionnaire

Over the past 2 weeks, please circle how often have you been bothered by any of the following?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things:	0	1	2	3
2. Feeling down, depressed, or hopeless:	0	1	2	3
3. Trouble falling asleep, or staying asleep, or sleeping too much:	0	1	2	3
4. Feeling tired or having little energy:	0	1	2	3
5. Poor appetite or over-eating:	0	1	2	3
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down:	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television:	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite-being fidgety or restless that you have been moving around a lot more than usual:	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way:	0	1	2	3
Total Score _____ =		_____ + _____ + _____		
10. If you checked off any problems, how difficult have these problems made it of you to do your work, take care of things at home, or get along with other people? <u>Check on response:</u>				
<input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult				
Name: _____ Date: _____				