

MSU Olin Student Health Center
密歇根州立大学 Olin 学生健康中心

Patient Health Questionnaire (PHQ-9)
患者健康问卷

Initial Screening 首次检测 Follow Up 跟踪检测 Annual Screening 年度检测

Name 姓名 _____ Student # 学生证号 _____ Date 日期 _____

This questionnaire will help your health provider to improve your treatment. Simply circle your answer to the questions below. Please give your completed form to a health professional.

这份问卷将帮助您的医疗服务人员改善对您的医疗方案。请圈出您对于以下问题的答案，并且将完成的问卷提交给专业医疗人士。

Over the last two weeks, how often have you been bothered by any of the following problems?
在过去的两周里，您感觉自己被以下症状所困扰的频率是？

	<u>Not At All</u> 完全没有	<u>Several days</u> 有过几天	<u>More than half the days</u> 超过一半天数	<u>Nearly every day</u> 几乎每天
1. Little interest or pleasure in doing things 对任何事情都提不起兴趣/感受不到兴趣	0	1	2	3
2. Feeling down, depressed, or hopeless 感觉沮丧的，忧郁的，或绝望的	0	1	2	3
Scores (add columns) 分数(每列分数累加)	_____ +	_____ +	_____ +	_____
Front Total Score 总分 1				

If your total score is greater than or equal to three, please continue with questions 3-10 on the back.
如果您的总分等于或大于3，请翻页回答第3至第10题。

Provider Signature 答卷人签名 _____

Date 日期 _____

*NOTE: This document will be scanned into your medical record.

Name姓名 _____ Student #学生证号 _____ Date日期 _____

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

在过去的两周里，您感觉自己被以下症状所困扰的频率是？

	<u>Not at all</u> 完全没有	<u>Several days</u> 有过几天	<u>More than half the days</u> 天数超过一半	<u>Nearly every day</u> 几乎每天
3. Trouble falling or staying asleep, or sleeping too much 无法入睡，无法保持睡眠，或睡眠时间过多	0	1	2	3
4. Feeling tired of having little energy 感觉乏力和没有精力	0	1	2	3
5. Poor appetite or overeating 没有胃口或过量进食	0	1	2	3
6. Feeling bad about yourself -- or that you are a failure or having let yourself or your family down 对自己感到不满(感觉自己是个失败者)，或感觉让自己或家人失望	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television 无法集中注意力，比如在读报或看电视时	0	1	2	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 a lot more than usual 行动或说话缓慢，以至于引起旁人注意。相反，或因为烦躁而坐立不安。	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way 认为死亡或以某种途径伤害自己是解决方式	0	1	2	3
Scores (add columns) 分数(每列分数累加)	_____ + _____ + _____ + _____			
Back Total Score 总分 2				

10. If you circle any problems, how difficult have these problems made it for you to do your work, study, go to class or get alone with other people? 如果你圈出了任何问题，这些问题对于继续你的工作、学习、上课和社交产生了多大的困扰和阻力？	Not difficult at all 完全没有困扰和阻力 <input type="checkbox"/>
	Somewhat difficult 有一些困扰和阻力 <input type="checkbox"/>
	Very difficult 非常困扰，有很大阻力 <input type="checkbox"/>
	Extremely difficult 极度困扰，有极大阻力 <input type="checkbox"/>

Total Score from Front 总分 1 _____	Total Score form Back 总分 2 _____	Grant Total 全部总分 _____
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