THE NEW SCHOOL
A UNIVERSITY

STUDENT HEALTH SERVICES
135 East 12th Street
New York, New York 10003

Medical
Tel: (212) 598-4796 option 2
Fax: (212) 598-0059

Counseling:
Tel: (212) 229-1671 option 1
Fax: (212) 614-7484

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

TODAY'S DATE: _____/_____/_____
MONTH DAY YEAR

N_____
STUDENT ID NUMBER

LAST NAME **FIRST NAME** **MIDDLE NAME**

TELEPHONE NUMBER (_____)_____ **DATE OF BIRTH:** _____/_____/_____
MONTH DAY YEAR

ARE YOU AN INTERNATIONAL STUDENT? ☐ Yes ☐ No

STUDENT STATUS: ☐ Undergrad ☐ Grad ☐ Other_____

DIVISION:

☐ General Studies ☐ Eugene Lang ☐ Milano ☐ Mannes

☐ Social Research ☐Jazz and Contemporary Music ☐ Drama ☐ Parsons

HEALTH QUESTIONNAIRE: OVERVIEW
The New School cares about your overall health and well-being; and our staff is here to help you reach your full personal and academic potential. Therefore, we offer integrated services to address both your physical and mental health needs.
Although you may be here today for other reasons, checking for symptoms of depression, like checking "vital signs" (e.g., blood pressure and heart rate) can yield helpful information about your need for various treatments or support. Answering the questions is voluntary, but your responses can assist us in providing more comprehensive care.
Your clinician may recommend further evaluation or treatment after discussing your score with you. If you have questions about the screening, please talk with your health care provider.

Please *circle* the number that best reflects your answer:

	Over the ***last 2 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
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 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 overeating	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 so 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

ADD COLUMNS ☐ + ☐ + ☐

10	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

Office Use Only

TOTAL SCORE (of all 3 columns): ☐

Comments:

Reviewed by: