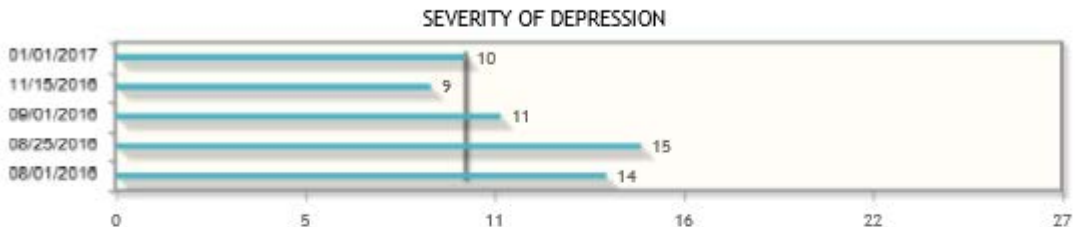


Report: PHQ9-Y App Report
 Patient ID: 12345678
 Date: 1/1/2017 12:00:00 PM Device: 1/1/2017 12:01:00 PM

SUMMARY SCALES

Overall Result: Negative **Depression Score:** 10
Suicidality: Negative **Depression Result:** Moderate Depression (10-14)*



ITEM	Response:
1. Feeling down, depressed, irritable, or hopeless?	Several Days
*2. Little interest or pleasure in doing things?	More Than Half the Days
3. Trouble falling asleep, staying asleep, or sleeping too much?	Several Days
4. Poor appetite, weight loss, or overeating?	Not At All
*5. Feeling tired, or having little energy?	More Than Half the Days
6. Feeling bad about yourself -- or feeling that you are a failure, or that you have let yourself or your family down?	Several Days
7. Trouble concentrating on things like school work, reading, or watching TV?	Several Days
8. Moving or speaking so slowly that other people could have noticed? Or the opposite -- being so fidgety or restless that you were moving around a lot more than usual?	Several Days
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	Several Days
*10. In the past year have you felt depressed or sad most days, even if you felt okay sometimes?	Yes
11. If you are experiencing any of the problems on this form, 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?	Somewhat difficult
12. Has there been a time in the past month when you have had serious thoughts about ending your life?	No
13. Have you ever, in your whole life, tried to kill yourself or made a suicide attempt?	No

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