

PHQ-9 – amended (intra-therapy follow-up tool)

Patient Name: _____

Date: _____

Date of first Ketamine infusion: _____ Date of last Ketamine infusion: _____

PLEASE FILL IN THIS FORM THE DAY AFTER YOUR KETAMINE INFUSION

Since you began your Ketamine infusions, how often have you been bothered by any of the following problems? <i>(Please circle your answer)</i>	Not at all	Several times	More than half the time	Nearly all the time
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

Column Totals:

Grand total:

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