Transmission Report

Date/Time	01-07-2026	02:56:26 p.m.	Transmit Header Text	
Local ID 1	3138318787		Local Name 1	Central City Health

This document : Failed
(reduced sample and details below)
Document size : 8.5"x11"

PATIENT HEALTH QUESTIONNAIRE-9
(PHQ-9)

Date:_____

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Circle applicable number)*

	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

FOR OFFICE CODING _____ + _____ + _____ + _____

=Total Score: _____

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
⊙	⊙	⊙	⊙

**No permission is required to reproduce, translate, display or distribute*

Total Pages Scanned : 1   Total Pages Confirmed : 0

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	717	5864689779	02:55:15 p.m. 01-07-2026	00:00:00	0/1	1	---	HS	FA

Abbreviations:

HS: Host send	PL: Polled local	MP: Mailbox print	CP: Completed	TS: Terminated by system
HR: Host receive	PR: Polled remote	RP: Report	FA: Fail	G3: Group 3
WS: Waiting send	MS: Mailbox save	FF: Fax Forward	TU: Terminated by user	EC: Error Correct