

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last two weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	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:

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(Health care professional: for interpretation of TOTAL, please refer to accompanying score card.)

TOTAL:

10. If you checked off <i>any</i> problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Not difficult at all</td> <td style="border-bottom: 1px solid black; width: 20%;"></td> </tr> <tr> <td>Somewhat difficult</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Very difficult</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Extremely difficult</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Not difficult at all		Somewhat difficult		Very difficult		Extremely difficult	
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