PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

PATIENT CHART NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 |
| 1. Feeling down, depressed or hopeless
 | 0 | 1 | 2 | 3 |
| 1. Trouble falling or staying asleep, or sleeping too much
 | 0 | 1 | 2 | 3 |
| 1. Feeling tired or having little energy
 | 0 | 1 | 2 | 3 |
| 1. Poor appetite or overeating
 | 0 | 1 | 2 | 3 |
| 1. Feeling bad about yourself, or that you are a failure or have let yourself or your family down
 | 0 | 1 | 2 | 3 |
| 1. Trouble concentrating on things such as reading the newspaper or watching television
 | 0 | 1 | 2 | 3 |
| 1. Moving or speaking so slowly that other people could have noticed. Or the opposite, being to fidgety or restless that you have been moving around a lot more than usual
 | 0 | 1 | 2 | 3 |
| 1. Thoughts that you would be better off dead or thoughts of hurting yourself
 | 0 | 1 | 2 | 3 |

1. If you checked off any problems, how difficult have these Not difficult at all ­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_

Problems made it for you to do your work, take care of Somewhat difficult \_\_\_\_\_\_\_

Things at home, or get along with people? Very difficult \_\_\_\_\_\_\_

 Extremely difficult \_\_\_\_\_\_\_