

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

| | Not at all (0) | Several days (1) | More than half the days (2) | Nearly every day (3) |
|--|-------------------|------------------------|--------------------------------------|----------------------------|
| Little interest or pleasure in doing things | | | | |
| Feeling down, depressed, or hopeless | | | | |
| Trouble falling or staying asleep, or sleeping too much | | | | |
| Feeling tired or having little energy | | | | |
| Poor appetite or overeating | | | | |
| Feeling bad about yourself—or that you are a failure or have let yourself or your family down | | | | |
| Trouble concentrating on things, such as reading the newspaper or watching television | | | | |
| 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 | | | | |
| Thoughts that you would be better off dead, or of hurting yourself | | | | |

Add columns: _____ + _____ + _____

TOTAL: _____

| | Not difficult at all | Somewhat difficult | Very Difficult | Extremely Difficult |
|---|-------------------------|-----------------------|-------------------|------------------------|
| If you checked off <i>any problems</i> , 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? | | | | |

