



## Patient Health Questionnaire (PHQ-9)

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling or staying asleep or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people 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
Thoughts that you would be better off dead or hurting yourself	0	1	2	3
Add Columns				

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 people? (Circle one)

**Not Difficult at All      Somewhat Difficult      Very difficult      Extremely Difficult**

**Results:** \_\_\_\_\_

**Result interpretation: Scoring - Add up responses for each item:**

**Not at All = \_\_\_\_\_ Several Days = \_\_\_\_\_ More than Half the Days = \_\_\_\_\_ Nearly Every Day = \_\_\_\_\_**

**Total Score/Depression Severity:** \_\_\_\_\_

**0-4 None    5-9 Mild    10-14 Moderate    15-19 Moderately Severe    20-27 Severe**