

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: _____ Date: _____

Instructions: The PHQ-9 was developed as a brief, self-report diagnostic screening instrument used by health care professionals for assessing and monitoring depression severity. It can also be administered repeatedly, to monitor changes of depressive symptoms in response to treatment.

Over the past 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)	Score
1. Interest or pleasure in doing things					
2. Feeling down, depressed or hopeless					
3. Trouble falling or staying asleep, or sleeping too much					
4. Feeling tired or having little energy					
5. Poor appetite or overeating					
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down					
7. Trouble concentrating on things, such as reading the newspaper or watching television					
8. Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual					
9. Thoughts that you would be better off dead, or thoughts of hurting yourself in some way					
Total/ Raw Score =					

10. If you checked off any problems, how difficult have those 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