

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Must be 12 years of age to complete.

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle the number that corresponds with your answer.)

	Not at all	Several days	More than half the days	Nearly every day
1. How much interest or pleasure do you have 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 schoolwork, reading or watching television	0	1	2	3
8. Moving or speaking so slowly that other people might 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	0	1	2	3

add columns

+ +

(Healthcare professional: For interpretation of TOTAL, TOTAL: please refer to accompanying scoring card).

10. 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 other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____