## **Patient Health Questionnaire (PHQ-9)**

Name:	Date:			
In 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	0	0	0
Feeling down, depressed, or hopeless	$\circ$	0	0	0
Trouble falling or staying asleep, or sleeping too much	$\circ$	$\circ$	$\circ$	$\circ$
Feeling tired or having little energy	$\circ$	0	0	$\circ$
Poor appetite or overeating	$\circ$	$\circ$	0	$\circ$
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	0	0	0
Trouble concentrating on things, such as reading the newspaper or watching television	0	0	$\circ$	0
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	0	0	0	0
Thoughts that you would be better off dead or of hurting yourself in some way	0	0	0	0
TOTAL SCORE:				
How difficult have these problems made it for you to do your work, take care of things at home, or get along with others?				
O NOT AT ALL O SOMEWHAT DIFFICULT	○ VERY DIFFICULT ○ EXTREMELY DIFFICULT			
INTERPRETATION  0 - Not at all 1 - Several days 2 - More than half the days 3 - Nearly every day	0 - 4 points None 5 - 9 points Mild depress 10 - 14 points Moderate de 15 - 19 points Moderate se 20 - 27 points: Severe depr		depression severe depression	
	20 - 21 points.	Severe de	7.0331011	

## **ADDITIONAL NOTES:**