

# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

|   | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure 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 reading the newspaper or watching television  | 0          | 1            | 2                       | 3                |
| 8. 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          | 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, please refer to accompanying scoring card). TOTAL:

|  |                      |       |
|--|----------------------|-------|
| <b>10.</b> 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? | Not difficult at all | _____ |
|  | Somewhat difficult   | _____ |
|  | Very difficult       | _____ |
|  | Extremely difficult  | _____ |