

Patient Health Questionnaire (PHQ-9) For Patients 18 years and older

Name _____

Date _____

Over the last 2 weeks, how often have you been bothered by the following problems? Use "v" to indicate your answer.

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little 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 of 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 notices. Or the opposite- being so figety or restless that you have been moving around a lot more than usual.				
9. Thought that you would be better off dead, or hurting yourself.				

Total _____

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 at all difficult _____ Somewhat difficult _____ Very Difficult _____ Extremely difficult _____
--	---