

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the **previous 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 of the two week period	Nearly every day
1. Little pleasure or little interest 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. Having little energy or feeling tired	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling negative about yourself or that you are a failure or have let your self 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 talking 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 in some way	0	1	2	3

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=Total Score:

If you ticked off **any** of the problems above, how **difficult** has it been for you to do your work, take care of things at home or get along with other people because of these problems?

Not difficult
at all

Somewhat
difficult

Very
difficult

Extremely
difficult