



PHQ9 Depression Scale

PHQ9

Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

- | | | | |
|--|--|--|---|
| Q1. Little interest or pleasure in doing things. * | <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 1. Several Days | <input type="checkbox"/> 2. More than half the days |
| | <input type="checkbox"/> 3. Nearly every day | | |
| Q2. Feeling down, depressed or hopeless. * | <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 1. Several Days | <input type="checkbox"/> 2. More than half the days |
| | <input type="checkbox"/> 3. Nearly every day | | |
| Q3. Trouble falling or staying asleep, or sleeping too much. * | <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 1. Several Days | <input type="checkbox"/> 2. More than half the days |
| | <input type="checkbox"/> 3. Nearly every day | | |
| Q4. Feeling tired or having little energy. * | <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 1. Several Days | <input type="checkbox"/> 2. More than half the days |
| | <input type="checkbox"/> 3. Nearly every day | | |
| Q5. Poor appetite or over eating. * | <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 1. Several Days | <input type="checkbox"/> 2. More than half the days |
| | <input type="checkbox"/> 3. Nearly every day | | |
| Q6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down. * | <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 1. Several Days | <input type="checkbox"/> 2. More than half the days |
| | <input type="checkbox"/> 3. Nearly every day | | |
| Q7. Trouble concentrating on things, such as reading the newspaper or watching television. * | <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 1. Several Days | <input type="checkbox"/> 2. More than half the days |
| | <input type="checkbox"/> 3. Nearly every day | | |
| Q8. 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 * | <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 1. Several Days | <input type="checkbox"/> 2. More than half the days |
| | <input type="checkbox"/> 3. Nearly every day | | |
| Q9. Thoughts that you would be better off dead or of hurting yourself in some way. * | <input type="checkbox"/> 0. Not at all | <input type="checkbox"/> 1. Several Days | <input type="checkbox"/> 2. More than half the days |
| | <input type="checkbox"/> 3. Nearly every day | | |

PHQ9 – Total Score _____



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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

PATIENT SIGNATURE *
