



Patient Health Questionnaire (PHQ-9)

Name: First name Last name

DOB: Date of birth

Today's Date: *

Over the last two weeks, how often have you been bothered by any of the following problems? Choose one answer per question.

1. Little interest or pleasure in doing things *

☐

0.

Not at all

☐

1.

Several days

☐

2.

More than half teh days

☐

3.

Nearly every day

2. Feeling down, depressed, or hopeless *

☐

0.

Not at all

☐

1.

Several days

☐

2.

More than half teh days

☐

3.

Nearly every day

3. Trouble falling or staying asleep, or sleeping too much *

☐

0.

Not at all

☐

1.

Several days

☐

2.

More than half teh days

☐

3.

Nearly every day

4. Feeling tired or having little energy *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half teh days

☐

3.
Nearly every day

5. Poor appetite or overeating *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half teh days

☐

3.
Nearly every day

6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half teh days

☐

3.
Nearly every day

7. Trouble consentrating on things, such as reading the newspaper or watching television *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half teh days

☐

3.
Nearly every day

8. Moving or speaking so slowly that ther people could have noticed. Or the opposite- being so figety or restless that you have been moving around a lot more than usual. *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half teh days

☐

3.
Nearly every day

9. Thoughts that you would be better off dead, or of huring yourself *

☐

0.
Not at all

☐

1.
Several days

☐

2.
More than half teh days

☐

3.
Nearly every day

TOTAL SCORE: *

Add the score

If you checked 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

Interpretation of Total Score

1-4 Minimal depression

5-9 Mild depression

10-14 Moderate depression

15-19 Moderately severe depression

20-27 Severe depression