

Patient Health Questionnaire

Over the last two weeks, how often have you been bothered by any of the following problems?
Use ✓ to indicate your answer.

Patient name

Date

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 or 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 notice. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual

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

Not at all		Several days		More than half the days		Nearly every day	
	0		1		2		3
	0		1		2		3
	0		1		2		3
	0		1		2		3
	0		1		2		3
	0		1		2		3
	0		1		2		3
	0		1		2		3

Total

Healthcare Professional: For interpretation of total please refer to accompanying score card (reverse side)

10. If you have 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

Would you be interested in learning about NeuroStar TMS, an FDA-cleared, non-drug treatment option that has been proven effective for people with depression?

Yes

No