

PHQ-9 DEPRESSION SELF-ASSESSMENT FORM

NAME: _____

1. FEELING DOWN, DEPRESSED, IRRITABLE, OR HOPELESS?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

2. LITTLE INTEREST OR PLEASURE IN DOING THINGS?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

3. TROUBLE FALLING ASLEEP, OR SLEEPING TOO MUCH DUE TO ANXIETY?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

4. POOR APPETITE, WEIGHT LOSS OR OVEREATING DUE TO SADNESS?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

5. FEELING TIRED, OR HAVING LITTLE ENERGY DUE TO SADNESS?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

6. FEELING BAD ABOUT YOURSELF, FEELING LIKE A FAILURE?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

7. TROUBLE CONCENTRATING ON THINGS LIKE SCHOOL, READING, OR WATCHING TV?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

8. MOVING OR SPEAKING SLOWLY OR OPPOSITE, BEING TOO FIDGETY OR RESTLESS?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

9. THOUGHTS YOU WOULD BE BETTER OFF DEAD OR HURTING SELF?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

10. IN THE PAST YEAR HAVE YOU FELT DEPRESSED OR SAD MOST DAYS?

- YES
- NO

11. HOW DIFFICULT HAVE THESE PROBLEMS MADE IT TO WORK OR GET ALONG WITH OTHERS?

- NOT AT ALL
- SEVERAL DAYS
- MORE THAN HALF THE DAYS
- NEARLY EVERY DAY

12. IN THE LAST MONTH HAVE YOU HAD SERIOUS THOUGHTS ABOUT ENDING YOUR LIFE?

- NO
- YES

13. HAVE YOU EVER TRIED TO KILL YOURSELF?

- NO
- YES