

PHQ-9 DEPRESSION SCREENING QUESTIONNAIRE

You may be asked to complete a PhQ-9 depression screen (Patient Health Questionnaire-9) for various reasons as part of your treatment management. You may use an online version [here](#). Please be sure to either **copy** your results and send to me via the portal if using the online version, or **scan a pdf copy** and send to me if you choose to download and print out a hard copy.

PHQ-9 SCREEN

CIRCLE THE NUMBER THAT BEST CORRESPONDS TO HOW YOU FEEL

Over the last 2 weeks, how often have you been bothered by any of the following problems listed below?	Not at all	Several days	More than one half the days	Nearly every day
Little Interest in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling or staying asleep or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself, or that you are a failure, or that you have let yourself or your family down.	0	1	2	3
Trouble concentrating on things such as reading the newspaper or watching television	0	1	2	3
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.	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
COLUMN TOTAL SCORES	_____	_____	_____	_____
TOTAL PHQ-9 SCORE (add the total scores of all columns together) = _____				

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression