

Patient Health Questionnaire - PHQ 9

Instructions: How often have you been bothered by each of the following symptoms during the last two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not at All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Little interest or pleasure in doing things?				
2. Feeling down, depressed, or hopeless?				
3. Trouble falling asleep 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 feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like reading the newspaper or watching television?				
8. 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?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

FOR OFFICE CODING _____ + _____ + _____ + _____

=Total Score: _____

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

Date completed: _____

PLACE PATIENT LABEL HERE