Patient Health Questionnaire (PHQ-9)

Important Notice: The information gathered on this questionnaire will remain confidential.

First Name	Last Name	Date of Birth
Visit Date		
Over the <u>last 2 weeks</u> , how often	have you been bothered by any of t	the following problems?
Little interest or pleasure in doing	things	
0 - Not at all		
1 - Several days		
2 - More than half the days		
3 - Nearly every day		
2. Feeling down, depressed, or hope	eless	
0 - Not at all		
1 - Several days		
2 - More than half the 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 the days		
3 - Nearly every day		
4. Feeling tired or having little energ	у	
0 - Not at all		
1 - Several days		
2 - More than half the days		
3 - Nearly every day		
5. Poor appetite or overeating		
0 - Not at all		
1 - Several days		
2 - More than half the days		
3 - Nearly every day		
6. Feeling bad about yourself — or t	hat you are a failure or have let yoursel	f or your family down
0 - Not at all		
1 - Several days		
2 - More than half the days		
3 - Nearly every day		

7. Trouble concentrating on things, such as reading the newspaper or watching television					
0 - Not at all					
1 - Several days					
2 - More than half the days					
3 - Nearly every day					
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					
0 - Not at all					
1 - Several days					
2 - More than half the days					
3 - Nearly every day					
9. Thoughts that you would be better off dead or of hurting yourself in some way					
0 - Not at all					
1 - Several days					
2 - More than half the days					
3 - Nearly every day					
For Office Coding:					
Total Score of 1's	+ Total Score of 2's	+ Total Score of 3's	= Total Overall Score		
If you checked off any problems, along with other people?	how difficult have these proble	ms made it for you to do your work,	take care of things at home, or get		
Not difficult at all					
Somewhat difficult					
Very difficult					
Extremely difficult					