

Patient Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

**Patient Health Questionnaire-9 (PHQ-9)**

| Over the last 2 weeks, on how many days have you been bothered by any of the following problems?   | Not at all           | Several Days       | More than half of the days | Nearly every day    |
|--|----------------------|--------------------|----------------------------|---------------------|
| 1. Little interest or pleasure in doing things   | 0                    | 1                  | 2                          | 3                   |
| 2. Feeling down, depressed or hopeless   | 0                    | 1                  | 2                          | 3                   |
| 3. Trouble falling or staying asleep, or sleeping too much   | 0                    | 1                  | 2                          | 3                   |
| 4. Feeling tired or having little energy   | 0                    | 1                  | 2                          | 3                   |
| 5. Poor appetite or over eating  | 0                    | 1                  | 2                          | 3                   |
| 6. Feeling bad about yourself –or that you are a failure or have let yourself or your family down  | 0                    | 1                  | 2                          | 3                   |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television   | 0                    | 1                  | 2                          | 3                   |
| 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                    | 1                  | 2                          | 3                   |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way   | 0                    | 1                  | 2                          | 3                   |
| 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 |
| In the past two years have you felt depressed or sad, even if you felt okay sometimes?   |                      | Yes                |                            | No                  |