Patient Health Questionnaire-9 (PHQ-9)

Patient Name:_____
Birth Date:_____ Today's Date:_____

Over the last 2 weeks, how often have you been bothered by the following problems (circle your answer)	Not at all	Several Days	More than half 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 overeating	0	1	2	3
6. Feeling bad about yourself--or that you are a failure of have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such has reading books 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

For office coding only _____+_____+_____+_____

=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? (Circle your answer)

Not difficult at all	Somewhat difficult	Very Difficult	Extremely difficult