

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 last 2 weeks, how often have you been bothered by any of the following problems?

1. 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 hopeless

- 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 energy

- 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 that you are a failure or have let yourself 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, 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