

Patient Health Questionnaire (PHQ) 9

Over the past two weeks, how often have you been bothered by any of the following problems?

Write the number according to your answer in the blank box. Tally all answers for your final score.

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 TV

- (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 of 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

- (0) Not at all
- (1) Several days
- (2) More than half the days
- (3) Nearly every day

Score

PHQ-9 Results

- 1-4: Minimal Depression
- 5-9: Mild Depression
- 10-14: Moderate Depression
- 15-19: Moderately Severe Depression
- 20-21: Severe Depression

