## 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.

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1.	Little interest or pleasure in doing things		Trouble concentrating on things, such as	
	(0) Not at all		reading the newspaper or watching	ΓV
	(1) Several days		(0) Not at all	
	(2) More than half the days		(1) Several days	
	(3) Nearly every day		(2) More than half the days	
2	Feeling down, depressed or hopeless		(3) Nearly every day	
2.	(0) Not at all		Moving or speaking so slowly that other	
	` '	8.	people could have noticed. Or the opposite	
	(1) Several days (2) Mara than half the days		of being so fidgety or restless that yo	
	(2) More than half the days		been moving around a lot more than	usual
	(3) Nearly every day		(0) Not at all	
3.	Trouble falling or staying asleep, or		(1) Several days	
	sleeping too much		(2) More than half the days	
	(0) Not at all		(3) Nearly every day	
	(1) Several days	9.	Thoughts that you would be better of	ff dood
	(2) More than half the days	9.	or of hurting yourself	ii ueau
	(3) Nearly every day		(0) Not at all	
_			(1) Several days	
4.	Feeling tired or having little energy		(2) More than half the days	
	(0) Not at all		(3) Nearly every day	
	(1) Several days		(2,1.00) 0.0., 0.0.,	
	(2) More than half the days		Saawa .	
	(3) Nearly every day		Score	
5.	Poor appetite or overeating			
	(0) Not at all		PHQ-9 Results	
	(1) Several days		1-4: Minimal Depression	
	(2) More than half the days		5-9: Mild Depression	
	(3) Nearly every day		10-14: Moderate Depression	
			15-19: Moderately Severe Depression	
6.	Feeling bad about yourself or that you are a failure or have let yourself or your family		20-21: Severe Depression	
	down		<u> </u>	
	(0) Not at all			
	(1) Several days		ESHDINGHURS	
	(2) More than half the days		esrd.qsource.org	

(3) Nearly every day

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