

## PHQ-9 Patient Depression Questionnaire

Patient's Name:				
Date:				
	Over the last 2 weeks, how often have you been bothered by any of the following problems?			
	Not at all	Several days	More than half the days	Nearly every day
Little interest of pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overreacting	0	1	2	3
Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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
Thoughts that you would be better dead, or of hurting yourself	0	1	2	3
Add the score for each column	<b>+</b>	<b>+</b>	<b>+</b>	

Total Score (add your column scores) =				
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 <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
Interpretation of Total Score	Total Score		Depression Severity	
<input type="checkbox"/>	1-4		Minimal depression	
<input type="checkbox"/>	5-9		Mild depression	
<input type="checkbox"/>	10-14		Moderate depression	
<input type="checkbox"/>	15-19		Moderately severe depression	
<input type="checkbox"/>	20-27		Severe depression	

\_\_\_\_\_ Patient's Initials