

PHQ-9

Name:

Date:

Over the last 2 weeks, how often have you been bothered by any of the following problems? Circle a number 0, 1, 2, or 3 which indicate a response for each question.

The rating scale is as follows:

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

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|---|---|---|---|---|---|
| 1 | Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2 | Feeling down, depressed, or hopeless | 1 | 2 | 3 | 4 |
| 3 | Trouble falling or staying asleep, or sleeping too much | 1 | 2 | 3 | 4 |
| 4 | Feeling tired or having little energy | 1 | 2 | 3 | 4 |
| 5 | Poor appetite or overeating | 1 | 2 | 3 | 4 |
| 6 | Feeling bad about yourself or that you are a failure or have let yourself or your family down | 1 | 2 | 3 | 4 |
| 7 | Trouble concentrating on things, such as reading the newspaper or watching television | 1 | 2 | 3 | 4 |
| 8 | Moving or speaking so slowly that other people could have noticed. Or the opposite being so figety or restless that you have been moving around a lot more than usual | 1 | 2 | 3 | 4 |
| 9 | Thoughts that you would be better off dead, or of hurting yourself | 1 | 2 | 3 | 4 |

10 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