

Patient Mental Health Questionnaire (PHQ-9)

Patient Name _____ Date _____

Over the last two weeks, how often have you been bothered by any of the following problems? (Please circle the number corresponding to the response you wish to choose)

Not At All

Several Days

More Than
Half The
Days

Nearly
Everyday

1. Little interest or pleasure in doing things

0

1

2

3

2. Feeling down, depressed, or hopeless

0

1

2

3

3. Trouble falling or staying asleep, or sleeping too much

0

1

2

3

4. Feeling tired or having little energy

0

1

2

3

5. Poor appetite or overeating

0

1

2

3

6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down

0

1

2

3

7. Trouble concentrating on things, such as reading the newspaper or watching television

0

1

2

3

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

1

2

3

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? (Please circle the response you wish to choose)

Not Difficult
At All

Somewhat
Difficult

Very Difficult

Extremely
Difficult