

Name:



### Patient Health Questionnaire (PHQ-9)

This questionnaire assesses possible signs/symptoms of depression. We ask all patients 12 years and up to complete one annually so that we can check for any concerns. Also, if you are coming in for concerns for depression, please complete it.

If question #9 is answered “several days” or more, please seek care right away.

***Over the last 2 weeks, how often have you been bothered by any of the following problems?***

		<b>Not at all</b>	<b>Several days</b>	<b>More than half of the days</b>	<b>Nearly every day</b>
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
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3