PHQ Results from Today's Visit

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:_____ DATE:_____

Over the last 2 *weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	
2. Feeling down, depressed, or hopeless	0	1		3
3. Trouble falling or staying asleep, or sleeping too much	0		2	3
4. Feeling tired or having little energy	0	1		3
5. Poor appetite or overeating		1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1		3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0		2	3
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	0		2	3
9. Thoughts that you would be better off dead, or of hurting yourself		1	2	3

add columns 3 + 6 + 3

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL: 12

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 _____