PHQ-9 Depression Screening

Patient Health Questionnaire (PHQ-9). Fill the checkboxes completely using a blue or black pen. Your answers are confidential.

Over the last 2 weeks

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

Please cross one in each line

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

Impact on daily life

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 cross one)*

- ◯ Not difficult at all
- ◯ Somewhat difficult
- ◯ Very difficult
- ◯ Extremely difficult

Scoring: add the numbers across the columns, scoring each response 0 to 3 from left to right (Not at all = 0, Several days = 1, More than half the days = 2, Nearly every day = 3). Add the column subtotals for a total severity score from 0 to 27.

To respond ⊗ or ●