## Patient Health Questionnaire (PHQ-9)

Important Notice: The information gathered on this questionnaire will remain confidential.

First Name	Last Name	Date of Birth
Visit Date		
Over the <u>last 2 weeks</u> , how oft	en have you been bothered by any of	the following problems?
1. Little interest or pleasure in doi	ng things	
0 - Not at all		
1 - Several days		
2 - More than half the days		
3 - Nearly every day		
2. Feeling down, depressed, or ho	peless	
0 - Not at all		
1 - Several days		
2 - More than half the days		
3 - Nearly every day		
3. Trouble falling or staying asleep	o, or sleeping too much	
0 - Not at all		
1 - Several days		
2 - More than half the days		
<ul><li>3 - Nearly every day</li></ul>		
4. Feeling tired or having little ene	rgy	
0 - Not at all		
1 - Several days		
2 - More than half the days		
<ul><li>3 - Nearly every day</li></ul>		
5. Poor appetite or overeating		
0 - Not at all		
1 - Several days		
2 - More than half the days		
3 - Nearly every day		
6. Feeling bad about yourself — or	r that you are a failure or have let yourself o	or your family down
0 - Not at all		
1 - Several days		
2 - More than half the days		
3 - Nearly every day		

11/2/2016 7. Trouble concentrating on things, such as reading the newspaper or watching television 0 - Not at all 1 - Several days 2 - More than half the days 3 - Nearly every day 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 - Not at all 1 - Several days 2 - More than half the days 3 - Nearly every day 9. Thoughts that you would be better off dead or of hurting yourself in some way 0 - Not at all 1 - Several days 2 - More than half the days

## **For Office Coding:**

3 - Nearly every day

Total Score of 1's + Total Score of 2's + Total Score of 3's = Total Overall Score

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