

Patient Health Questionnaire (PHQ-9)

Name:	Date:
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In the last 2 weeks, how often have you been bothered by any of the following problems?	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	☐	☐	☐	☐

TOTAL SCORE (Sum of scores for each of the 9 questions):

INTERPRETATION

0 - Not at all

1 - Several days

2 - More than half the days

3 - Nearly every day

0 - 4 points

5 - 9 points

10 - 14 points

15 - 19 points

20 - 27 points:

None

Mild depression

Moderate depression

Moderate severe depression

Severe depression

Additional Notes:

Note: This is a screening tool and not a substitute for a clinical diagnosis. Please consult a healthcare provider for a comprehensive evaluation and treatment plan if you or someone you know is experiencing symptoms of depression.