



Patient Health Questionnaire (PHQ-8)

Over the *past 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
1. Little interest or pleasure in doing things phq8_interest	0	1	2	3
2. Feeling down, depressed, or hopeless phq8_down_hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much phq8_sleep	0	1	2	3
4. Feeling tired or having little energy phq8_tired	0	1	2	3
5. Poor appetite or overeating phq8_appetite	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down phq8_bad_failure	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television phq8_troubleconcentrating	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 phq8_movingslowly	0	1	2	3

Add columns:

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

Total:

<p>If you checked off <i>any</i> problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people? phq8_difficulty</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
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