



ID						Namecode							
Date								/			/		
Staff ID													

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

☒ **timepoint**
☐ **Baseline**
☐ **Final Visit**

Over the *past 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	phq01	1	2	3
2. Feeling down, depressed, or hopeless	phq02	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	phq03	1	2	3
4. Feeling tired or having little energy	phq04	1	2	3
5. Poor appetite or overeating	phq05	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	phq06	1	2	3
7. Trouble concentrating or things, such as reading the newspaper or watching television	phq07	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	0 phq08	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some other way	phq09	1	2	3

Add columns:

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

Total:

	phqtotal
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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?

phq10

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____