



PHQ-9 Questionnaire

The Patient Health Questionnaire 9 (PHQ-9)

This scale does NOT indicate a mental health diagnosis.

It is a screener to help you decide if services may be beneficial.

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

Please indicate severity by using the scale listed below.

0 = Not at all

1 = Several days

2 = More than half days

3 = Every day or nearly every day

1. ____ Little interest or pleasure in doing things
2. ____ Feeling down, depressed or hopeless
3. ____ Trouble falling asleep, staying asleep, or sleeping too much
4. ____ Feeling tired or having little energy
5. ____ Poor appetite or overeating
6. ____ Feeling bad about yourself - or that you're a failure or have let yourself or your family down
7. ____ Trouble concentrating on things, such as reading the newspaper or watching television
8. ____ Moving or speaking so slowly that other people could have notice. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual
9. ____ Thoughts that you would be better off dead or of hurting yourself in some way

Questionnaire Score

Add up the all the numbers for answers 1-9 above.

Total Score: ____

If you checked any of the items above, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?