PHQ-9 Depression

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| --- | --- | --- | --- | --- |
|  **Over 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** |
| 1. Little interest or pleasure in doing things.......……… | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless.………..…… | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep or sleeping too much..................................................………..…….. |  0 | 1 |  2 |  3 |
| 4. Feeling tired or having little energy......……...……… | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating.......................……….… |  0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down………………….. |  0 | 1 | 2 |  3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television.……………………….. |  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..............……………………………………………….. |  0 | 1 | 2 |  3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way......…………………………………… |  0 | 1 | 2 |  3 |

 **Column totals \_\_\_ + \_\_\_ + \_\_\_\_ + \_\_\_**

 ***=* *Total Score \_\_\_\_\_***