

Patient Health Questionnaire - 9 (PHQ-9)

Patient Health Questionnaire-9

1. Client Name:

Date of Birth:

2.	Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than one-half the days	Nearly everyday
	Little interest or pleasure in doing things				
	Feeling down, depressed or hopeless				
	Feeling tired 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 that usual				
	Thoughts that you would be better off dead, or of hurting yourself in some way				

3. Interpretation

Total Score	Depression Severity
1 to 4	Minimal
5 to 9	Mild
10 to 14	Moderate
15 to 19	Moderately severe
20 to 27	Severe