LAVERDURE PSYCHIATRY

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: _____ **Date: _____**

Over the past 2 weeks, how often have you been bothered by any of the following problems? (Use a "check mark" to indicate your answer.)

	Not At All	Few Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure 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 of dead, or of hurting yourself.	**0**	**1**	**2**	**3**

(Add Columns) _____ + _____ + _____

Total: _____

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

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?

____ Not Difficult At All **____ Somewhat Difficult** **____ Very Difficult** **____ Extremely Difficult**