

# Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(circle your answer)*

	Not at All	Several Days	More than half the days	Nearly Every Day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself-or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<b>TOTAL</b>				

Add up the total of all the numbers you circled on the questionnaire. Place that score on the line below. Use the table below to interpret your results.

**Score:** \_\_\_\_\_



Normal	0-4
Mild Depression	5-9
Moderate Depression	10-14
Moderately Severe Depression	15-19
Severe Depression	20-27

Make an appointment with your medical or behavioral health provider if you would like to talk about your results.

