

MIMIND TOOLS

The PHQ-9 Patient Health Questionnaire

Most providers have access to the PHQ-9 through their electronic medical records system.

Name _____	Date _____			
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 doing things	0	1	2	3
2 - Feeling down, depressed, or hopeless	0	1	2	3
3-Trouble falling asleep 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 Total				

Total Score:

Scores represent: 0-4 "normal" or minimal depression; 5-9 mild depression; 10-14 moderate depression; 15-19 moderately severe depression; 20 or more indicates severe depression.

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>