PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

English

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip a question.

Name:_____ **Age:**_____

Sex: ❑ **Female** ❑ **Male** **Today's Date:**_____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1. Little interest or pleasure in doing things	❑	❑	❑	❑
2. Feeling down, depressed, or hopeless	❑	❑	❑	❑
3. Trouble falling or staying asleep, or sleeping too much	❑	❑	❑	❑
4. Feeling tired or having little energy	❑	❑	❑	❑
5. Poor appetite or overeating	❑	❑	❑	❑
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	❑	❑	❑	❑
7. Trouble concentrating on things, such as reading the newspaper or watching television	❑	❑	❑	❑
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	❑	❑	❑	❑
9. Thoughts that you would be better off dead, or of hurting yourself in some way	❑	❑	❑	❑

If you checked "several days" or higher for some of the questions above, discuss your answers with a doctor. Only a doctor can make a diagnosis of depression. Also talk to your doctor if you checked "several days" or higher for (9), thinking that you would be better off dead or wanting to hurt yourself. Having repeated thoughts of death or suicide is the most serious symptom of depression. If you are thinking of harming yourself, get help **immediately**; make your feelings known to someone who can help you—your doctor, family members, friends. Your doctor is an excellent person to tell.

KEY (for physician's use): MDD if answer to # 1 or 2 and 5 or more of # 1-9 are at least "More than half the days" (count # 9 if present at all).