**PATIENT HEALTH QUESTIONNAIRE – PHQ9**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q. Over the **last 2 weeks**, how often have you been bothered by the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mark answers with **X** | Not at all | Several Days | More than half the days | Nearly every day |
| 1. Little interest or pleasure in doing things |  |  |  |  |
| 1. Feeling down, depressed or hopeless |  |  |  |  |
| 1. Trouble falling or staying asleep or sleeping to much |  |  |  |  |
| 1. Feeling tired or having little energy |  |  |  |  |
| 1. Poor appetite or overeating |  |  |  |  |
| 1. Feeling bad about yourself or that you are a failure or have let yourself or your family down |  |  |  |  |
| 1. Trouble concentrating on things such as reading the newspaper or watching the television |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. Thoughts that you would be better off dead or of hurting yourself in some way |  |  |  |  |

**COLUMN TOTALS**: \_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_

**TOTAL SCORE:** = \_\_\_\_\_\_\_\_

If you circled **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?

Mark answer with **X**

|  |  |  |  |
| --- | --- | --- | --- |
| Not difficult at all | Somewhat difficult | Very Difficult | Extremely difficult |
|  |  |  |  |

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