

## Patient Health Questionnaire (PHQ-9)

Part of routine screening for your health includes reviewing mood and emotional concerns.

\*\*If you currently have a diagnosis of Depression or Bi-Polar Disease you do not need to complete this form\*\*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Doctor: \_\_\_\_\_ Todays Date: \_\_\_\_\_

**During the past two weeks**, have you often been bothered by any of the following problems?

Feeling down, depressed, irritable or hopeless?       Yes       No

Little Interest or pleasure in doing things?       Yes       No



**Please do not continue if you answered “No” to *both* of the above questions**

**If you answered “Yes” to either question above, please answer all questions below.**

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
<b>During the past two weeks</b> , how often have you been bothered by any of the following problems?				
Feeling down, depressed, irritable or hopeless				
Little interest or pleasure in doing things				
Trouble falling or staying asleep or sleeping too much				
Poor appetite, weight loss, or overeating				
Feeling tired or having little energy				
Feeling bad about yourself - or feeling that you are a failure, or have let yourself or your family down				
Trouble concentrating on things, like reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual				
Column Totals				

If you are experiencing any of the problems on this form, 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

Total Score: