

HEALING MINDS

PHQ-9 — Patient Health Questionnaire

Patient Name:

Date:

1. Little interest or pleasure in doing things

Not at all
Several days
More than half the days
Nearly every day

2. Feeling down, depressed, or hopeless

Not at all
Several days
More than half the days
Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

Not at all
Several days
More than half the days
Nearly every day

4. Feeling tired or having little energy

Not at all
Several days
More than half the days
Nearly every day

5. Poor appetite or overeating

Not at all
Several days
More than half the days
Nearly every day

6. Feeling bad about yourself — or that you are a failure

Not at all
Several days
More than half the days
Nearly every day

7. Trouble concentrating on things

Not at all
Several days
More than half the days
Nearly every day

8. Moving or speaking slowly OR being fidgety/restless

Not at all
Several days
More than half the days
Nearly every day

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9. Thoughts that you would be better off dead or hurting yourself

- Not at all
- Several days
- More than half the days
- Nearly every day

10. If you checked off any problems, how difficult have these problems made it for you at work, home, or with others?

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