

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