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## PHQ-9 Assessment Form

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

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Little interest or pleasure in doing things

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: \_\_\_\_\_

### 2. Feeling down, depressed, or hopeless

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: \_\_\_\_\_

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

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: \_\_\_\_\_

### 4. Feeling tired or having little energy

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: \_\_\_\_\_

### 5. Poor appetite or overeating

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Response: \_\_\_\_\_

**6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down**

0 = Not at all   1 = Several days   2 = More than half the days   3 = Nearly every day

Response: \_\_\_\_\_

**7. Trouble concentrating on things, such as reading the newspaper or watching television**

0 = Not at all   1 = Several days   2 = More than half the days   3 = Nearly every day

Response: \_\_\_\_\_

**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**

0 = Not at all   1 = Several days   2 = More than half the days   3 = Nearly every day

Response: \_\_\_\_\_

**9. Thoughts that you would be better off dead, or hurting yourself in some way**

0 = Not at all   1 = Several days   2 = More than half the days   3 = Nearly every day

Response: \_\_\_\_\_

**10. If you checked off 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?**

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

**Additional Comments / Clinical Notes:**

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