

# Patient Health Questionnaire - 9

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

(Select the proper box to indicate your answer)

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

1. Little interest or please in doing things

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2. Feeling down, depressed, or hopeless

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

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4. Feeling tired or having little energy

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5. Poor appetite or overeating

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

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

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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

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

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\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

=Total Score : \_\_\_\_\_

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