

Patient Health Questionnaire (PHQ-9) Nine Symptom Depression Checklist

This questionnaire is an important part of providing you with the best healthcare possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are asked to skip a section.

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Please circle your answer.)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
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	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

To Score:

1. Add all of the circled answers on the PHQ-9. For every answer circled:

Not at all = 0

Several days = 1

More than half of the days = 2

Nearly every day = 3

2. Interpret the total score.

Total Score	Depression Severity
0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately severe
20-27	Severe