

PATIENT HEALTH QUESTIONNAIRE (PHQ-2/9)

Today's Date: _____

Patient Name: _____

Date of Birth: _____

Part of routine screening for your health includes reviewing mood and emotional concerns. **During the past two weeks**, have you often been bothered by any of the following problems?

Little interest or pleasure in doing things? _____ Yes _____ No
 Feeling down, depressed, irritable or hopeless? _____ Yes _____ No

If you answered "Yes" to either question above, please answer all questions below:

Over the last 2 weeks, how often have you been bothered by any of the following problems?	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, irritable, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite, weight loss, or overeating				
Feeling bad about yourself — feeling that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
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				
Thoughts that you would be better off dead, or of hurting yourself in some way				
If you are experiencing any of the problems above, 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				

For Office Use Only Total Score _____