

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate 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

Scoring: 0 + \_\_\_\_ + \_\_\_\_ + \_\_\_\_

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

### How to Score and Interpret the Results?

Add the scores for each column to arrive at the total score. Next, you can interpret the results. For example, if your total score is 12, your depression is considered moderate. We recommend that you use this scale routinely to keep track of your treatment outcomes, and discuss your progress, or lack thereof, with your therapist.

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