

# PHQ-9 Depression

Patient Identification Information

Date	(Outcomes.PHQ9Date) (dd-mmm-yyyy) <input type="text"/>	<b>To print blank form</b> <a href="#">Click here</a>
Questionnaire assessment performed:	(Outcomes.PHQ9Performed) <input type="checkbox"/> Not performed <input type="checkbox"/> Performed/Completed	
Questionnaire Mode	(Outcomes.PHQ9QuestionnaireMode) <input type="checkbox"/> Telephone interview <input type="checkbox"/> Postal questionnaire <input type="checkbox"/> Web-based completion <input type="checkbox"/> Personal interview	

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

1. Little interest or pleasure in doing things	(Outcomes.PHQ9IntrstPleasrActScre) <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
2. Feeling down, depressed, or hopeless	(Outcomes.PHQ9DwnDeprssnHopelssScre) <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
3. Trouble falling or staying asleep, or sleeping too much	(Outcomes.PHQ9SleepProbScre) <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
4. Feeling tired or having little energy	(Outcomes.PHQ9TirdLckEnrgyScre) <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
5. Poor appetite or overeating	(Outcomes.PHQ9AptelIssueScre) <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	(Outcomes.PHQ9LowSlfEstmScre) <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
7. Trouble concentrating on things, such as reading the newspaper or watching television	(Outcomes.PHQ9ConcntrtnProbScre) <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
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	(Outcomes.PHQ9SpdMovmntSpchScre) <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
9. Thoughts that you would be better off dead or of hurting yourself in some way	(Outcomes.PHQ9DthHrtThghtScre) <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days

2 - More than half the days

3 - Nearly every day

(Outcomes.PHQ9TotlScre)

**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?

(Outcomes.PHQ9ProbsEffectOnDailyAct)

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

**Total score categories:**

1-4 = Minimal depression

5-9 = Mild depression

10-14 = Moderate depression

15-19 = Moderately severe depression

20-27 = Severe depression