Family Medical Associates of Raleigh

Patient Health Questionnaire (PHQ-9) – Depression Screening

Name: _____MR#_____Date:_____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle the number in each column to indicate your answer)

	Not At	Several Days	More Than Half the Time	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

If you circled 2 or 3 of the questions above, continue on to the following questions.

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 or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people have noticed. Or the opposite; being fidgety or restless and 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

Add Columns	+	+

Total Score:

10. 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 □Extremely difficult