

# Patient Health Questionnaire 9

Record ID

Date:

**Over the last 2 weeks how often have you been bothered by any of the following problems?  
(Click the circle to indicate your answer)**

1. Little interest or pleasure in doing things

☐ 0- Not at all  
☐ 1- Several days  
☐ 2- More than half the days  
☐ 3- Nearly every day

2. Feeling down, depressed, or hopeless

☐ 0- Not at all  
☐ 1- Several days  
☐ 2- More than half the days  
☐ 3- Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

☐ 0- Not at all  
☐ 1- Several days  
☐ 2- More than half the days  
☐ 3- Nearly every day

4. Feeling tired or having little energy

☐ 0- Not at all  
☐ 1- Several days  
☐ 2- More than half the days  
☐ 3- Nearly every day

5. Poor appetite or overeating

☐ 0- Not at all  
☐ 1- Several days  
☐ 2- More than half the days  
☐ 3- Nearly every day

6. Feeling bad about yourself -- or that you are a failure or have let yourself or your family down

☐ 0- Not at all  
☐ 1- Several days  
☐ 2- More than half the days  
☐ 3- Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

☐ 0- Not at all  
☐ 1- Several days  
☐ 2- More than half the days  
☐ 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

☐ 0- Not at all  
☐ 1- Several days  
☐ 2- More than half the days  
☐ 3- Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way

☐ 0- Not at all  
☐ 1- Several days  
☐ 2- More than half the days  
☐ 3- Nearly every day