



47678

# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Kaiser Number

□ □ □ □ □ □ □ □

Site

□ □ □

NAME: \_\_\_\_\_

Date completed

□ □ / □ □ / □ □

1 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
 2 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
 3 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
 4 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
 5 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
 6 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
 7 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
 8 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
 9 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
 0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

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

|  |            |              |                         |                  |
|--|------------|--------------|-------------------------|------------------|
|  | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|

|  |                         |                         |                         |                         |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Little interest or pleasure in doing things  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Feeling down, depressed, or hopeless   | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Trouble falling or staying asleep, or sleeping too much  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Feeling tired or having little energy  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Poor appetite or overeating  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Feeling bad about yourself - or that you are a failure or have let yourself or your family down  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Trouble concentrating on things, such as reading the newspaper or watching television  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 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 | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Thoughts that you would be better off dead, or of hurting yourself in some way   | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

Add the columns to get the total score. \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

**Total Score=** \_\_\_\_\_

|   |  |
|---|--|
| If you checked off any problem, 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? | <input type="radio"/> Not difficult at all |
|   | <input type="radio"/> Somewhat difficult   |
|   | <input type="radio"/> Very difficult       |
|   | <input type="radio"/> Extremely difficult  |

|   |                           |
|---|---------------------------|
| Have you been thinking about a specific way to physically harm yourself or of committing suicide in the last two weeks? | <input type="radio"/> Yes |
|   | <input type="radio"/> No  |