PATIENT HEALTH QUESTIONNAIRE

Department of Human Resources

**P A T I E N T H E A L T H Q U E S T I O N N A I R E - 9**

**( P H Q - 9)**

Over the last 2 weeks, how often have you had any of the following problems?

**Several**

**More than half the number**

**Almost every**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *(Use “*✔*” to indicate your answer)* | **Not at all** | **days** | **of days** | **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 0  have let yourself down or your family down | | 1 | 2 | 3 |
| **7.** Trouble concentrating on things, such as reading the 0  newspaper or watching television | | 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

**FOR OFFICE CODING**  *0* **+ + +**

**=Total Score:**

If you ticked 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



Very difficult



Extremely difficult



Name: AAKASH TAMANG Passport Number: 08444466 Date: 29/Jan/1995 Signature:

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