**Depression Assessment**

**Patient Health Questionnaire (PHQ – 9)**

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

(Use √ to indicate your answer)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Not at all** | **Several days** | **More than half the days** | **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 |
| 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 over eating | | | | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself – or that you are a failure or have let yourself or family down | | | | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | | | | 0 | 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 that usual | | | | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead, or of hurting yourself | | | | 0 | 1 | 2 | 3 |

|  |  |  |  |
| --- | --- | --- | --- |
| Add columns |  |  |  |

|  |  |
| --- | --- |
| Total |  |

**Interpretation of Total Score:**

|  |  |
| --- | --- |
| **Total score** | **Depression Severity** |
| **1-4** | **Minimal depression** |
| **5-9** | **Mild Depression** |
| **10-14** | **Moderate depression** |
| **15-19** | **Moderately severe depression** |
| **20-27** | **Severe depression** |