

Could feelings, thoughts, or behaviors you are experiencing be depression?

Complete the Patient Health Questionnaire* and share it with your healthcare professional.

This resource is provided for informational purposes only and is not intended as a substitute for your healthcare professional’s judgment. Please discuss all of your symptoms with your healthcare professional.

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(select 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 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 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 than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3
FOR OFFICE CODING				
0 + _____ + _____ + _____ = Total Score: _____				

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
- Very difficult
- Extremely difficult

*Adapted from Patient Health Questionnaire-9 (PHQ-9) scale developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. No sponsorship or endorsement by, or affiliation with, author(s)/publisher of any third-party copyright material included is implied.