PHQ-9: PATIENT HEALTH QUESTIONNAIRE

Depression Screening Tool (Kroenke & Spitzer, 2002)

Over the last 2 weeks, how often have you been bothered by any of the following?	0 – Not at All	1 – Several Days	2 – More than Half the Days	3 – Nearly Every Day
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed — or so fidgety or restless that you have been moving a lot more than usual	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way	☐	☐	☐	☐

Total Score: _____ / 27	**Severity:** ☐ None (0–4) ☐ Mild (5–9) ☐ Moderate (10–14) ☐ Moderately Severe (15–19) ☐ Severe (20–27)

Q10 – FUNCTIONAL IMPAIRMENT

If you checked off any problem above, 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

Client Name: _____	**Date:** _____	**Clinician:** _____

Scoring Guide: 0–4 = None/Minimal | 5–9 = Mild | 10–14 = Moderate | 15–19 = Moderately Severe | 20–27 = Severe Depression