



Gilbert Center for Family Medicine

Patient Health Questionnaire (PHQ9)

First name

Last name

Date

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 everyday
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having too little energy				
Poor appetite or overeating				
Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as watching television or reading the newspaper				
Moving or speaking so slowly that the other people could have noticed, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.				
Thoughts that you would be better off dead, or of hurting yourself in some way				

Initial Diagnosis

Total Score

Documented by

Interpretation of 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

Comments

