

# PHQ 9 Mental Health Screening

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

**1. Little interest or pleasure in doing things**

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

**2. Feeling down, depressed, or hopeless**

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

**3. Trouble falling or staying asleep, or sleeping too much**

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

**4. Feeling tired or having little energy**

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

**5. Poor appetite or overeating**

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

**6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down**

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

**7. Trouble concentrating on things, such as reading the newspaper or watching television**

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

**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-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

**9. Thoughts that you would be better off dead or of hurting yourself in some way**

- 0-Not at all
- 1-Several days
- 2-More than half the days
- 3-Nearly every day

**10. 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?**

- 0-Not difficult at all
- 1-Somewhat difficult
- 2-Very difficult
- 3-Extremely difficult

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_