



### PBPS - PATIENT HEALTH QUESTIONNAIRE FOR DEPRESSION (PHQ-9)

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "X" to indicate your answer)

|   | Not at all<br>0 | Several Days<br>1 | Over Half the days<br>2 | Nearly Every Day<br>3 |
|---|-----------------|-------------------|-------------------------|-----------------------|
| 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 the opposite — being so fidgety or restless that you have been moving around a lot more than usual |                 |                   |                         |                       |
| 9. Thoughts that you would be better off dead, or of hurting yourself   |                 |                   |                         |                       |

For Office Coding: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total Score: \_\_\_\_\_

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?

- Not Difficult At ALL
- Somewhat Difficult
- Very Difficult
- Extremely Difficult