



PHQ-9 Depression Rating Scale

Patient Name:

Date of Test

Over the past 2 weeks, how often have you experienced the following?

Check corresponding box to indicate response	Not at all	Several Days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things				
2 Feeling down, depressed, or hopeless				
3 Trouble falling asleep, 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 may 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 in some way				

Check your choice for each question, scoring will be done by clinician.

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PHQ-9 Total Score