

Depression Health Questionnaire PHQ-9

NAME:
DATE OF BIRTH:

DATE:
NHS Number:

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use ‘√’ to indicate your answer)

	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 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 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 in some way				
Add columns TOTAL				

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

<p>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?</p>	<p>Not difficult at all</p> <p>Somewhat difficult</p> <p>Very difficult</p> <p>Extremely difficult</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	--	--