

AMERICAN PSYCHIATRIC CARE
2014 South Tollgate Road, Suite 208, Bel Air, MD 21015
8895 Centre Park Drive, Suite E, Columbia, MD 21045
Phone: 410-670-3076 Fax: 443-372-5365

The Patient Health Questionnaire (PHQ-9)

Patient Name: _____ D.O.B: _____ Date: _____

Over the past 2 weeks, how often have you been bothered by any of the following problems? (circle answer)	Not At All (0)	Several Days (1)	More than Half the days (2)	Nearly every (3)
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching tv	0	1	2	3
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	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself	0	1	2	3

Column Totals

	+		+		=	
--	---	--	---	--	---	--

10. If you circled any problems, how difficult have those 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 ☐

Depression Severity: 1-4, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe