Patient Health Questionnaire

Today's Date

Patient Full Name

Patient Date of Birth

OVER THE PAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?

1. Little interest or pleasure in doing things (choose one)

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

2. Feeling down, depressed, or hopeless (choose one)

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

3. Trouble falling or staying asleep, or sleeping too much (choose one)

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

4. Feeling tired or having little energy (choose one)

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

5. Poor appetite or overeating (choose one)

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

6. Feeling bad about yourself -- or that you are a failure or have let yourself or your family down (choose one)

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

7. Trouble concentrating on things, such as reading the newspaper or watching television (choose one)

- [ ] Not at all (0)
- [ ] Several days (1)
- [ ] More than half the days (2)
- [ ] Nearly every day (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 more than usual (choose one)

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

9. Thoughts that you would be better off dead, or of hurting yourself (choose one)

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

If you have 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? (choose one)

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