

PATIENT HEALTH QUESTIONNAIRE (PHQ2/9) FOR ADOLESCENTS AND ADULTS

Over the last 7 days, how often have you been bothered by any of the following problems?

	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, irritable or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite, weight loss or overeating	0	1	2	3
6. Feeling bad about yourself-or feeling that you are a failure or that you have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things like school/job related work, reading or watching television	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 in some way	0	1	2	3

TOTAL SCORE:

If you checked off any problems, how difficult have these problems made it hard 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 _____