



Patient Health Questionnaire (PHQ-9)

Today's Date: _____ Patient's Name: _____ Date of Birth: _____

Table with 5 columns: Problem description, Not at all, Several days, More than half the days, Nearly every day. Contains 9 rows of symptoms.

A. 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?

- Not difficult at all, Somewhat difficult, Very difficult, Extremely difficult

B. In the past 2 years, have you felt depressed or sad most days, even if you felt okay sometimes?

- YES, No

Comments:

For Office Use Only: Symptom score: _____ Severity score: _____