

PHQ 9

Outcome tool

Name: _____

Date: _____

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	0		1		2		3	
2. Feeling down, depressed, 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 or overeating	0		1		2		3	
6. Feeling bad about yourself — or that you are 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 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	

Column totals:

_____ + _____ + _____ + _____

= Total score: _____