

This tool is intended to help you begin to explore whether the feelings, thoughts or behaviors you may be experiencing could be depression. It is not intended to take the place of an evaluation by a trained medical professional. After completing and scoring this questionnaire, please share the results with a trained healthcare professional.

Select the best answer for each of the questions below, and refer to the guidelines on the next page for scoring and interpreting your results.

Over the last 2 weeks, how often have you been bothered by any of the following problems (circle your answer from the choices at right):

	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	0	1	2	3

add columns $1 + 4 + 9$

TOTAL: 14

Scoring and interpreting your results:

After completing the PHQ-9, you should discuss the findings with a trained healthcare provider.

Does your score indicate the presence of a depressive disorder?

How does a trained healthcare professional analyze a PHQ-9 score?

If you checked at least 4 boxes within the shaded section, including question #1 or #2, that is an indication that you may be suffering from a depressive disorder.

For More Information

University of Michigan Depression Center
800-475-6424
www.depressioncenter.org



Patient Health Questionnaire (PHQ-9)

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