

Patient Health Questionnaire (PHQ-2) & (PHQ-9)

Patient Name: _____
Last Name First Name Middle

Date of Birth: _____ Marital Status: Single Partnered Married Widowed Divorced Separated

Over the ***last 2 weeks***, how often have you been bothered by the following problems? **Please circle your answers.**

PHQ-2	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
Add the score for each column				

Total Score for PHQ-2: _____

Over the ***last 2 weeks***, how often have you been bothered by any of the following problems? **Please circle your answers.**

PHQ-9	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 ways.	0	1	2	3
Add the score for each column				

Total Score for PHQ-9: _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? **(Circle one)**

Not difficult at all

Somewhat difficult

Very Difficult

Extremely Difficult