

Name: _____

DOB: _____

PHQ-9 and PHQ-A FORM

Patient Health Questionnaire - Adult (PHQ-9) and Adolescent (PHQ-A)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

PHQ-9 ADULT – 18 yrs. or older	
Please answer questions 1-9 using the following: 0 – Not at all 1 – Several days 2 – More than half the days 3 – Nearly everyday (circle one)	
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
Please answer question #10 using the following: 3 – Extremely difficulty 2 – Very difficult 1 – Somewhat difficult 0 – Not difficult at all	
10. If you checked off any problems, 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?	3 2 1 0
TOTAL	

PHQ-A ADOLESCENTS – under 18 yrs. of age (PHQ-9 modified)	
Please answer questions 1-9 using the following: 0 – Not at all 1 – Several days 2 – More than half the days 3 – Nearly everyday (circle one)	
1. Feeling down, depressed, or hopeless	0 1 2 3
2. Little interest or pleasure in doing things	0 1 2 3
3. Trouble falling or staying asleep, or sleeping too much	0 1 2 3
4. Poor appetite or overeating	0 1 2 3
5. Feeling tired or having little energy	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
10. In the past year have you felt depressed or sad most days, even if you felt okay sometimes?	YES NO
Please answer question #11 using the following: 3 – Extremely difficulty 2 – Very difficult 1 – Somewhat difficult 0 – Not difficult at all	
11. If you are experiencing any problems on this form, 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.	3 2 1 0
12. Has there been a time in the past month when you have had serious thoughts about ending your life?	YES NO
13. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a serious suicide attempt?	YES NO
TOTAL	