

Patient Health Questionnaire

Name _____

Part of routine screening for your health includes reviewing mood and emotional concerns.

During the past two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling down, depressed, irritable or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3

If you answered any other answer than 0, please proceed with the questionnaire below.

During the past two weeks, how often have you been bothered by the following problems?	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
Trouble falling or staying asleep or sleeping too much				
Poor appetite, weight loss or overeating				
Feeling tired or having little energy				
Feeling bad about yourself—or feeling that you are a failure, or have let yourself or your family down				
Trouble concentrating on things, like reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual				
Thoughts that you would be better off dead, or of hurting yourself in some way				

If you are experiencing any of the 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?

Not difficult at all Somewhat difficult Very difficult Extremely difficult