



All Sites and Facilities

**Patient Health Questionnaire
(PHQ-9)**

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling asleep, staying asleep or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching TV				
Moving/speaking so slowly that other people could have noticed or (the opposite) being fidgety/restless and moving around more than usual				
Thoughts that you would be better off dead or hurting yourself in some way				
Subtotals				
			Total score	

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?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

