

SCHWIETERS MEDICAL, PLLC

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PHQ-9

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

	Not at all	Several days	More than half	Nearly every
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 way	0	1	2	3
TOTAL SCORE				
	_____ +	_____ +	_____ +	_____

If you chose any of the 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?

CIRCLE ONE: Not difficult at all Somewhat difficult Very difficult Extremely difficult

Printed Patient Name _____

Date _____