

PHQ-9 Depression Assessment Questionnaire

Contact Details

Name: *

Date of Birth: *

Address *

Postcode *

Home Phone *

Questionnaire

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

Little interest or pleasure in doing things

Please choose an option

- Not at all Several days More than half the days
 Nearly every day

Feeling down, depressed, or hopeless

Please choose an option

- Not at all Several days More than half the days
 Nearly every day

Trouble falling or staying asleep, or sleeping too much

Please choose an option

- Not at all Several days More than half the days
 Nearly every day

Feeling tired or having little energy

Please choose an option

- Not at all Several days More than half the days
 Nearly every day

Poor appetite or overeating

Please choose an option

- Not at all Several days More than half the days
 Nearly every day

Feeling bad about yourself, or that you are a failure or have let yourself or your family down

Please choose an option

- Not at all Several days More than half the days
 Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television

Please choose an option

- Not at all Several days More than half the days
 Nearly every day

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

Please choose an option

- Not at all Several days More than half the days
 Nearly every day

Thoughts that you would be better off dead, or of hurting yourself in some way

Please choose an option

- Not at all Several days More than half the days
 Nearly every day

Finally

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?

Please choose an option

- Not at all Several days More than half the days
 Nearly every day