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PSYCHIATRY FOR WOMEN

PHQ-9 SYMPTOM SCALE

Name _____ Date _____

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

Mark the correct column.	Not at all	Several days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things				
2 Feeling down, depressed, or hopeless				
3 Trouble falling or staying asleep, or sleeping too much				
4 Feeling tired or having little energy				
5 Poor appetite or overeating				
6 Feeling bad about yourself or that you are a failure or have let yourself or your family down				
7 Trouble concentrating on things, such as reading the newspaper or watching television				
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				
9 Thoughts that you would be better off dead or of hurting yourself				
Add columns				
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).		Total		
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?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____			