

Patient's Full Name

Date of Birth

NHS Number

Depression in Adults - Patient Health Questionnaire (PHQ-9)

The PHQ-9 is the depression module, which scores each of the DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in Primary Care.

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

1. Little interest or pleasure in doing things? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	5. Poor appetite or overeating? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
2. Feeling down, depressed or hopeless? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
3. Trouble falling or staying asleep or sleeping too much? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	7. Trouble concentrating on things, such as reading the newspaper or watching television? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
4. Feeling tired or having little energy? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	8. Thoughts that you would be better off dead or of hurting yourself in some way? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
9. 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? <input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day	
Total = <input type="text"/> /27 <div style="margin-left: 200px;"> 0-4 None 5-9 Mild depression 10-14 Moderate depression 15-19 Moderately severe depression 20-27 Severe depression </div>	

Assessor Name Signature	Date Time	Designation
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PLEASE PRINT IN BLACK PEN