Public Health
Prevent. Promote. Protect.

Tuscarawas County Health Department

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Patient Health Questionnaire (PHQ-9)

DEPRESSION

Name: _____ Date of Birth: _____ □ Male □ Female Today's Date: _____

The results of the annual questionnaire for your mood indicate that additional information is needed. Please answer the following questions to help improve your health outcomes. Your answers will be kept confidential. Thank you for your cooperation.

Instructions: Please mark one response for each statement.

Over the last 2 *WEEKS* how often have you been bothered by any of the following problems?	**Not at All**	**Several Days**	**More Than Half the Days**	**Nearly Every Day**
(SCORING)	**0**	**1**	**2**	**3**
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		0 +	0 +	0
TOTAL		0		

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

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