**Patient Health Questionnaire (PHQ)**

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** |
| --- | --- | --- | --- | --- |
| 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 in some way |  |  |  |  |