

## G. PHQ-9 Depression Screen

Place a **CIRCLE** around the number that indicates the best answer to each of these questions.

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	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<b>G01</b>				

**Scoring and Interpreting the PHQ-9**

1. Add up the circled numbers. This will yield a number between 0 and 27.
2. Interpretation:

<b>Score</b>	<b>Interpretation</b>
$\leq 4$	No evidence of depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
$\geq 20$	Severe depression