

This is a screening inventory used to evaluate for depression. Please fill out and bring to your appointment.

PHQ2/9

Please circle your answer!



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

Not at all=0, Several days =1, More than half the days=2, Nearly every day =3)

A- Little interest or pleasure in doing things	0	1	2	3
B- Feeling down, depressed, or hopeless	0	1	2	3
C- Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
D- Feeling tired or having little energy	0	1	2	3
E- Poor appetite or overeating	0	1	2	3
F- Feeling bad about yourself, that you are a failure, or that you have let yourself or your family down	0	1	2	3
G- Trouble concentrating on things such as reading the newspaper or watching television	0	1	2	3
H- Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
I- Thinking that you would be better off dead or that you want to hurt yourself in some way	0	1	2	3