Texas Health Care

Patient Name: _____ **Date of Birth:** _____

Patient Health Questionnaire (PHQ-9) :

Use ✔ to indicate your answer

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 over eating				
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 a 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 someway				
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?				