

## Patient Health Questionnaire PHQ-9

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

		<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
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.	0	1	2	3
10.	I feel like I am unlikeable /or unworthy	0	1	2	3

TOTAL

**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, ore get along with other people?**

<b>Not difficult at all</b>	<b>Somewhat difficult</b>	<b>Very difficult</b>	<b>Extremely difficult</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score	Depression Severity
<b>1-4</b>	Minimal depression
<b>5-9</b>	Mild depression
<b>10-14</b>	Moderate depression
<b>15-19</b>	Moderately severe depression
<b>20-27</b>	Severe depression

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

**Please contact PeopleSense (08) 9388 9000**  
**A Healthcare Professional will be able to score and interpret your results with you.**