



*"your Worlds Perspective in Balance"*

**INSIGHT WELLBEING**

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**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

Name: ..... Date Completed: .....

<b>For the past two weeks how often have you been bothered by any of the following problems?</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half of the days</b>	<b>Nearly everyday</b>
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, that you are a failure or have let yourself or 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 notice. 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.	0	1	2	3

Add columns

+ + +

**TOTAL**

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?	Not difficult at all .....
	Somewhat difficult .....
	Very difficult .....
	Extremely difficult .....

*Learn to choose the way you feel...*