

Client: PHQ PHQ
Provider: RomanREV12 Fedchenko
Provider License: LMFT #CSNEML5

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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

1. Little interest or pleasure in doing things.

- Nearly every day (3)

2. Feeling down, depressed, or hopeless.

- Nearly every day (3)

3. Trouble falling or staying asleep, or sleeping too much.

- Nearly every day (3)

4. Feeling tired or having little energy.

- Nearly every day (3)

5. Poor appetite or overeating.

- Nearly every day (3)

6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.

- Nearly every day (3)

7. Trouble concentrating on things, such as reading the newspaper or watching television.

- More than half the days (2)

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.

- Not at all (0)

9. Thoughts that you would be better off dead or of hurting yourself in some way.

- Not at all (0)

If you checked off any problem on this questionnaire so far, 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

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