

PHQ9 Questionnaire

Name: _____ Age: _____ Gender: F/M

Surgery: _____ Dr: _____

Date: _____

PLEASE ENSURE YOU ANSWER **ALL** THE QUESTIONS BELOW

A. 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
2. Feeling down, depressed, or hopeless
3. 3.Trouble falling/staying asleep, sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
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 as 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.

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

Total Score:

B. If you have been bothered by any of the 9 problems listed above, please answer the following:

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?

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

STAFF USE ONLY

Participants NHS Number:

Researchers Name:

NHS Site Number:

NHS Site Name:

Postcode:

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