

PATIENT HEALTH QUESTIONNAIRE – PHQ-9 Over the last <u>two weeks</u> , how often have you been bothered by any of the following problems? (Select the applicable box to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day	TOTAL SCORE (Nurse)
SCORE	0	1	2	3	
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 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	☐	☐	☐	☐	
9. Thoughts that you would be better off dead, or of hurting yourself in some way	☐	☐	☐	☐	
If you have given a score of either a 1, 2 or 3 on question 9 ('Risk of Harm'), please indicate ☐ <u>NO</u> , I feel I am currently not a risk to myself ☐ <u>YES</u> , but I have things in place that keep me safe (e.g. Family, GP etc) and feel I am currently not a risk to myself ☐ <u>YES</u> and I feel I am at risk of harming myself in some way					

NAME COMPLETION DATE

SIGNED DATE