



## PHQ-9 Questionnaire

**1st Step Counseling**

1525 Western Ave, Ste. 4

Albany NY 12203-3536

(518) 629-5409

Patient Name:

Date:

### Client Questions

Over the past 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. Trouble falling asleep, 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're 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:

### Questionnaire Score

Add up the all the numbers for answers 1-9 above.

Total Score:

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?: