

DEPRESSION

PATIENT HEALTH QUESTIONNAIRE

Over the last two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling asleep 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 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?				

This is an assessment tool to monitor response of depression in primary care practice.

Major depressive syndrome is indicated if answers to #1 or #2 and five or more of #1-9 are at least "more than half the days" (count #9 if present at all).

Adapted from: The Primary Care Evaluation of Mental Disorders Brief Patient Health Questionnaire.