

# Personal Health Questionnaire Depression Scale (PHQ-9)

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

**Key - Not at all - 0; Several days - 1; More than half the days - 2; Nearly every day - 3**

Little interest or pleasure in doing things -	0	1	2	3
Feeling down, depressed or hopeless -	0	1	2	3
Trouble falling or staying asleep, or sleeping too much -	0	1	2	3
Feeling tired or having little energy -	0	1	2	3
Poor appetite or overeating -	0	1	2	3
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down -	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television -	0	1	2	3
Moving or speaking 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 -	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way -	0	1	2	3

**Scoring** - The score is the sum of the 9 questions. A score of 15 or greater is considered major depression, 20 or more is severe major depression.

To schedule an appointment for an evaluation, or for further information on depression, call the the Pennsylvania Psychiatric Institute Triage and Evaluation Center (TEC): (717) 782-6493 or 1-866-746-2496.



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