

Mental Health (Depression) Assessment Tool

Patient Health Questionnaire-9: PHQ-9

The purpose of this questionnaire is to assess your level of depression. Although the questions are not for an exact diagnosis, it is very likely that you have depression if you receive high points. In such a case, we recommend that you see a psychiatrist for further evaluation.

How often have you suffered from the following symptoms **over the past two weeks**?

	Not at all	For a few days	For over a week	Almost every day
1. I am barely interested in my work.	0	1	2	3
2. I feel melancholy, depressed, or hopeless.	0	1	2	3
3. It is hard to fall asleep or I wake up very often during the night, or I sleep too much.	0	1	2	3
4. I feel exhausted or have no energy.	0	1	2	3
5. I have low appetite or eat too much.	0	1	2	3
6. I think that I am a bad person or a failure, or I feel like my family is unhappy because of me.	0	1	2	3
7. I cannot concentrate when I read a newspaper or watch TV.	0	1	2	3
8. I move or talk too slowly to the point that other people can notice it, or I wander or pace around too much because I feel anxious and restless.	0	1	2	3
9. I think I am better off dying, or I want to hurt myself in some way.	0	1	2	3
Points	/ 27			