

706-272-6574 www.hamiltonhealth.com/cardiacrehab

Patient Health Questionnaire (PHQ-9)

| Patient Name: | | | Date: | | | |
|--|--|------------------------|----------------------------|----------------------------|----------------------------------|--|
| 1. Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? | | | | | | |
| | | Not at all (0 days) | Several Days (1-6 days) | More than half (7-10 days) | Nearly every day (11-14 days) | |
| a. | Little interest or pleasure in doing thin | gs | | | | |
| b. | Feeling down, depressed, or hopeless | | | | | |
| C. | Trouble falling/ staying asleep, or sleeping too much | | | | | |
| d. | Feeling tired or having little energy | | | | | |
| e. | Poor appetite or overeating | | | | | |
| f. | Feeling bad about yourself or that you are a failure or have let yourself or your family down | | | | | |
| g. | Trouble concentrating on things, such a reading the newspaper or watching television | is | | | | |
| h. | Moving or speaking so slowly that other people have noticed. Or the opposite; being fidgety or restless and moving are a lot more than usual | | | | | |
| i. | Thoughts that you would be better off dead or of hurting yourself in some | way | | | | |
| - | u checked off any problem on this ques do your work, take care of things at hor | | | • | | |
| Not difficult at all Somewhat difficult Very difficult Extremely difficult | | | | | ely difficult | |

3. In the past two years have you felt depressed or sad, even if you felt okay sometimes? (Check your answer)