

Frame of Mind Clinic

PATIENT HEALTH QUESTIONNAIRE

NAME : _____

DATE : _____

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

(use ✓ to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 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 | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead, or of hurting yourself | 0 | 1 | 2 | 3 |

Add columns + +

TOTAL:

(Healthcare professional:

For interpretation of TOTAL, please refer to scoring card).

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <p>10. If you checked <i>any problems above</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p> | <p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p> |
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