

**Appendix 1**

**Patient Health Questionnaire – PHQ-9**

Name .....Date of Birth.....Today's Date.....

Fill in the boxes with pen or pencil to mark your answers

A. Over the last 2 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
		0	1	2	3
1	Little interest or pleasure in doing things				
2	Feeling down, depressed or hopeless				
3	Trouble falling/staying asleep, 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.				
Total Score					

B. If you been bothered by any of the 9 problems listed above, please answer the following question:

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?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

### Scoring the PHQ-9

Score	Depression severity	Comments
0-4	Minimal or none	Monitor; may not require treatment
5-9	Mild	Use clinical judgment (symptom duration, functional impairment) to determine necessity of treatment
10-14	Moderate	
15-19	Moderately severe	Warrants active treatment with psychotherapy, medications, or combination