






Patient ID:

Date:

Session No:

Therapist ID:

PHQ9 How have you been over the last weeks?

Question		Prompt	Not at all	Several days	More than half the days	Nearly every day
1	 Are you not interested in doing things?	Have you had fun? have you been bored?	0	1	2	3
2	 Have you felt sad?	Have you felt depressed, miserable or low?	0	1	2	3
3	 Have you found it difficult to sleep? Or been sleeping too much?	Have you found it hard to fall asleep? Woken up a lot? Slept a lot?	0	1	2	3
4	 Have you felt tired? Or had no energy?	Have you gone to sleep during the day? Found it hard to stay awake?	0	1	2	3
5	 Has your appetite changed?	Have you eaten less, have you eaten more?	0	1	2	3


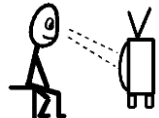
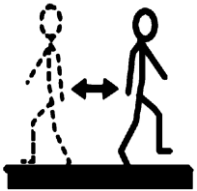

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6	 Have you felt bad about yourself?	Have you felt people blame you for things?	0	1	2	3
7	 Have you found it difficult to concentrate on activities?	What is your favourite TV programme? Have you been able to watch it?	0	1	2	3
8	 Have you found it hard to sit still? Do you move more slowly?	Do you fidget or move around more? Have people said you are slower?	0	1	2	3
9	 Have you wished you were dead or thought about hurting yourself?	Have you wanted to stop living?	0	1	2	3

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Total score: