

# How Am I Feeling

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

In the past 2 weeks (14 days), how often have you been bothered by these problems? Please mark an X in the appropriate box.

PROBLEMS	Not at All	Several Days	More than Seven Days	Nearly Every Day
	0	1	2	3
Little interest or no pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling asleep, staying asleep or sleeping too much				
Feeling Tired or having little energy				
Poor appetite or overeating				
Felling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down				
Trouble concentrating on things such as reading the newspaper or watching television				
Moving or speaking slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more that usual				
Thinking that you would be better off dead or that you want to hurt yourself in some way				
Total				

**Total Score:** \_\_\_\_\_

**Part 2.** If you checked off any problems on this questionnaire so far; 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
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0	1	2	3
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PHQ-9 02 2015

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**In the past 2 weeks (14 days), how often have you been bothered by these problems? Please mark an X in the appropriate box.**

Problems	Not at all	Several days	More than Seven days	Nearly every day
	0	1	2	3
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it's hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				
Add the score for each column				
Total score (add your column scores) =				

**How difficult have these problems made it for you to do your daily work, take care of things at home, or getting along with other people?**

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_