

Severity Measure for Depression—Adult *

* Adapted from the Patient Health Questionnaire—9 (PHQ-9)

Name: _____ Age: _____ Sex: Male Female Date: _____

Instructions: Over the **last 7 days**, how often have you been bothered by any of the following problems? (Use “✓” to indicate your answer)

						Clinician Use
						Item score
		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 in some way	0	1	2	3	
Total/Partial Raw Score:						
Prorated Total Raw Score: (if 1-2 items left unanswered)						

Adapted from Patient Health Questionnaire—9 (PHQ-9) for research and evaluation purposes.