

Patient Health Questionnaire (PHQ-9)

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.				
2. Feeling down, depressed, or hopeless.				
3. Trouble falling, staying asleep, OR on the other hand; sleeping too much.				
4. Feeling tired or having little energy.				
5. Poor appetite, OR on the other hand; overeating.				
6. Feeling bad about yourself, feeling like 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 move around a lot.				
9. Thoughts that you would be better off dead, or thoughts of hurting yourself.				
Total				

Please complete questions on other side of page

Beck Depression Inventory

Instructions: This questionnaire consists of seven groups of statements. Read each group of statements carefully, and then pick out **one statement** in each group that best describes the way you have been feeling during the past **2 weeks**, including today. Circle the number beside the statement you have picked. If several statements in one group seem to apply equally well chose the statement with the highest number beside it.

<input type="text"/>	Sadness	I don't feel sad	0
		I feel sad much of the time	1
		I feel sad all of the time	2
		I am so sad and unhappy that I can't stand it	3
<input type="text"/>	Pessimism	I am not discouraged about my future	0
		I feel more discouraged about my future than I used to be	1
		I do not expect things to work out for myself	2
		I feel my future is hopeless and will only get worse	3
<input type="text"/>	Past Failure	I don't feel like a failure	0
		I have failed more than I should have	1
		As I look back, I see a lot of failures in my life	2
		I feel I am a total failure as a person	3
<input type="text"/>	Self-Dislike	I feel the same about myself as ever	0
		I have lost confidence in myself	1
		I am disappointed in myself	2
		I dislike myself	3
<input type="text"/>	Self-Criticalness	I don't criticize or blame myself more than usual	0
		I am more critical of myself than I used to be	1
		I criticize myself for all of my faults	2
		I blame myself for everything bad that happens	3
<input type="text"/>	Suicidal Thoughts or Wishes	I don't have any thoughts of killing myself	0
		I have thoughts of killing myself, but I would not carry them out	1
		I would like to kill myself	2
		I would kill myself if I had the chance	3
<input type="text"/>	Loss of Interest	I have not lost interest in other people or activities	0
		I am less interested in other people or things than before	1
		I have lost most of my interest in other people or things	2
		It's hard to get interested in anything	3
<input type="text"/>	Total Score		