

Severity Measure for Depression-Adult  
 Adapted from the patient Health Questionnaire-9 (PHQ-9)

	DESCRIPTION	NONE	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERYDAY
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 off hurting yourself in some way	0	1	2	3
	Name _____ Sex: M or F	Date:			
				Total or partial Raw Score:	
				Prorated Total Raw Score (if 1-2 items left unanswered:	

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