

Patient Health Questionnaire-8 (PHQ-8)

For Office Use	Patient ID: _____
	Return to: _____

Date: _____ Completed by: Patient Other

If other, please specify relationship to patient: _____

Over the last 2 weeks, how often have you been bothered by any of the following:	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, irritable or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as school work, reading 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 have been moving around a lot more than usual				

TOTAL SCORE