

The Everett Clinic

PHQ-9 BH Questionnaire

Patient Label Here

12 to ADULT

Need a letter/paperwork? Tell your provider at the *beginning* of the visit!

Please circle a number to indicate your answer Over the LAST 2 WEEKS , how often have you been bothered by any of the following problems?	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			
10. Worried, tense, or panicky	0	1	2	3			
11. Irritable, impatient, or angry	0	1	2	3			
	Not at all	One day	Several days	Nearly every day			
12. (For women) Had 4 or more drinks in a day (For men) Had 5 or more drinks in a day	0	1	2	3			
13. Used a recreational or illicit substance? Or a medication in doses or for reasons other than prescribed	0	1	2	3			
14. If you checked off any problems, 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	0	Somewhat difficult	1	Very difficult	2	Extremely difficult	3

Feelings about the MOST RECENT VISIT (if any) with this provider	Agree	Somewhat agree	Not sure	Somewhat disagree	Do not agree
We worked well together	0	1	2	3	4
I made progress toward my goals	0	1	2	3	4