## **Patient Health Questionnaire 9 PHQ9**

THIS IS A TEST SURVEY - DO NOT ENTER ANY REAL PARTICIPANT DATA.

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

## Over the last week, or since your last treatment (whichever is more recent), how often have you been

bothered by any of the following problems?

Socieled by any of the follow	Not at all	Several days	More than half days	Nearly everyday
1. Little interest or pleasure in doing things	0	0	0	0
2. Feeling down, depressed, or hopeless	0	0	0	0
3. Trouble falling asleep/staying asleep, sleeping too much	0	0	0	0
4. Feeling tired or having little energy	0	0	0	0
5. Poor appetite or overeating	$\bigcirc$	0	0	0
<ol> <li>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</li> </ol>	0	0	0	0
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	0	0	0
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	0	0	0
9. Thoughts that you would be better off dead or hurting yourself in some way	0	0	0	0

Your answers suggest that depression is an important problem for you. You should schedule an appointment and discuss these feelings with a health professional as soon as you can. Depression affects many people. There are good treatments for it.

For immediate assistance, you can also call the Ontario Mental Health Helpline 1-866-531-2600. If you are experiencing a personal crisis, please call 911, visit your local emergency room, or contact your family doctor.

If these thoughts of death or suicide are longstanding and not ones you wish to act on, then it is fine to complete these questionnaires. If your distress is more acute, please feel free to stop answering these questions at any time.



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?

 $\bigcirc$  Not difficult at all  $\bigcirc$  Somewhat difficult  $\bigcirc$  Very difficult  $\bigcirc$  Extremely difficult

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