



## PATIENT HEALTH QUESTIONNAIRE - 9 (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 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'd have been better off dead or of hurting yourself in some way	0	1	2	3

For Office Coding

\_\_\_\_\_ = Total Score \_\_\_\_\_

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     
  Somewhat difficult     
  Very Difficult     
  Extremely Difficult



## MOOD DISORDER QUESTIONNAIRE

<b>1. Has there been a period in time when you were not your usual self and...</b>	<b>Yes</b>	<b>No</b>		
... you felt so good or so hyper that other people that you were not your normal self or you were so hyper that you got into trouble?	<input type="checkbox"/>	<input type="checkbox"/>		
... you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>		
... you felt so much more self confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>		
... you got much less sleep than usual and found you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>		
... you were much more talkative or spoke much faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>		
... thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/>	<input type="checkbox"/>		
... you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>		
... you had much more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>		
... you were much more active or did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>		
... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>		
... you were much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>		
... you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?	<input type="checkbox"/>	<input type="checkbox"/>		
... spending money got you or your family in trouble?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2. If you have checked YES to more than one of the above, have several of these ever happened during the same period of time?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>3. How much of a problem did any of these cause you- like being unable to work; having money or legal troubles; getting into arguments or fights?</b>	<b>No Problem</b> <input type="checkbox"/>	<b>Minor Problem</b> <input type="checkbox"/>	<b>Moderate Problem</b> <input type="checkbox"/>	<b>Serious Problem</b> <input type="checkbox"/>
<b>4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?</b>	<input type="checkbox"/>	<input type="checkbox"/>		