

CHISLEHURST MEDICAL PRACTICE
PATIENT HEALTH QUESTIONNAIRE

Patient Name.....Date of Birth.....Date today.....:

Screening questions:

“During the last month, have you **often** been bothered by feeling down, depressed or hopeless”
 Yes No

During the last month have you **often** been bothered by having little interest or pleasure in doing things”
 Yes No

Patients who answer yes to one of the above questions should complete the questionnaire

| Q | Over the last 2 weeks, how often have you been bothered by any of the following problems? Use a tick to indicate your answer | 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 |
| | Add columns | | | | |
| | | TOTAL SCORE = | | | |

| | | |
|----|---|---|
| 10 | If you ticked off any problems, how <i>difficult</i> 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 |
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