

PHQ-10 Self-Assessment Health Questionnaire
MH-CNY-FL Medical PC

Name:
Date of Birth:
Address:
Email:
Phone Number:

Patient Health Questionnaire

The following Patient Health Questionnaire is a multipurpose self-assessment to assist your physician in screening, diagnosing, and measuring the severity of depression.

Over the last two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things

- 0 - Not at all
- 1 - Several days
- 2 - More than half the days
- 3 - Nearly every day

2. Feeling down, depressed, or hopeless

- 0 - Not at all
- 1 - Several days
- 2 - More than half the days
- 3 - Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

- 0 - Not at all
- 1 - Several days
- 2 - More than half the days
- 3 - Nearly every day

4. Feeling tired or having little energy

- 0 - Not at all
- 1 - Several days
- 2 - More than half the days
- 3 - Nearly every day

5. Poor appetite or overeating

- 0 - Not at all
- 1 - Several days
- 2 - More than half the days
- 3 - Nearly every day

6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down

- 0 - Not at all
- 1 - Several days
- 2 - More than half the days

3 - Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

0 - Not at all

1 - Several days

2 - More than half the days

3 - Nearly every day

8. Moving or speaking so slowly that other people could notice. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual

0 - Not at all

1 - Several days

2 - More than half the days

3 - Nearly every day

9. Thoughts that you would be better off dead, or of hurting yourself

0 - Not at all

1 - Several days

2 - More than half the days

3 - Nearly every day

Would you be interested in learning more about a safe, effective, non-drug treatment for depression?

Yes **No**

How many anti-depressant prescription medications do you currently take or have tried in the past?

0

1

2-4

5+

Not Sure