

## Goldberg Depression Test (PHQ-9)

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Encounter: Consult / Quarterly    Type: Meta / 1 / 2 / Pre

Date: \_\_\_\_\_

**Please complete the following. How often have you been bothered by any of the following problems over the last 2 weeks? *All results are completely private.***

Little interest or pleasure in doing things

- ☐ Not at all
- ☐ Several days
- ☐ More than half of the days
- ☐ Nearly every day

Feeling down, depressed, or hopeless

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Trouble falling or staying asleep, or sleeping too much

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Feeling tired or having little energy

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Poor appetite or overeating

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days

- ☐ Nearly every day

Feeling bad about yourself - or that you are a failure or have let yourself or your family down

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

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

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Moving or speaking so slowly that other people could have noticed

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

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

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

If you've had any days with issues above, how difficult have these problems made it for you at work, home, school, or with other people?

- ☐ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult