

**Date:**

**PHQ-9: Depressive Symptoms**

**Grantee ID:**

**Select Individual Classification:**

Veteran

Active Duty Member

**Participant ID:**

Veteran Family Member

Active Duty Family Member

Over the last 2 weeks, how often have you been bothered by: Little interest or pleasure in doing things

Not at all

Several days

More than half the days

Nearly every day

Over the last 2 weeks, how often have you been bothered by:  
Feeling down, depressed, or hopeless

Not at all

Several days

More than half the days

Nearly every day

Over the last 2 weeks, how often have you been bothered by:  
Trouble falling or staying asleep, or sleeping too much

Not at all

Several days

More than half the days

Nearly every day

Over the last 2 weeks, how often have you been bothered by:

Feeling tired or having little energy

Not at all

Several days

More than half the days

Nearly every day

Over the last 2 weeks, how often have you been bothered by:

Poor appetite or overeating

Not at all

Several days

More than half the days

Nearly every day

Over the last 2 weeks, how often have you been bothered by:

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

Over the last 2 weeks, how often have you been bothered by:

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

Over the last 2 weeks, how often have you been bothered by:  
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

Not at all

Several days

More than half the days

Nearly every day

Over the last 2 weeks, how often have you been bothered by:  
Thoughts that you would be better off dead or of hurting yourself in some way

Not at all

Several days

More than half the days

Nearly every day

Considering the last nine questions, 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

**For Grantee use only: the Score for the PHQ-9 is listed below.**

**Use the **RED** button below to lock form before submission**

**Instruction: Please save the filled out form as  
[YYYYMMDD.HHMMam/pm.DataForm\_PHQ9.pdf]**

YYYYMMDD - Date (year month day)

HHMMam/pm - Time (hours minutes)

**Use the **Gray** button below to submit the completed form**