

# Patient Health Questionnaire - 8

Please complete the survey below.

Thank you!

## Over the last 2 weeks how often have you been bothered by any of the following problems?

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 any of the following problems?

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 any of the following problems?

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 any of the following problems?

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 any of the following problems?

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 any of the following problems?**

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 any of the following problems?**

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 any of the following problems?**

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