Santé et Services sociaux Québec

Patient's last name	File number
Patient's first name	
Health insurance number	Exp. Year Month
Date of birth Year Month Day	Sex ☐ M ☐ F ☐ X
Address (no., street)	
City	Postal Code

PHQ-9*
ASSESMENT QUESTIONNAIRE

How many days over the last two weeks, or since your last consultation if more recent, have you been bothered by each of the following problems?

Items	Nearly every day	More than half the days	Several days	None
1. Little interest or pleasure in doing things.	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless.	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much.	☐	☐	☐	☐
4. Feeling tired or having little energy.	☐	☐	☐	☐
5. Poor appetite or overeating.	☐	☐	☐	☐
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
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.	☐	☐	☐	☐
9. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐

Thank you, these are all of the questions for the patient.

Questionnaire completed by:	**Date:**
Signature	Year Month Day

* *Patient Health Questionnaire* – PHQ-9 © Kurt Kroenke, 2002. Adapted by the MSSS with permission from the author.

Patient's last name	Patient's first name	File number

This section is reserved for the practitioner.

Use the following scale to calculate the score :

3	2	1	0
Nearly every day	More than half the days	Several days	None

Total score …….……		
Total number of items ……	**x**	**9**
Number of answered items (≥ 7)* ……..……	***I***	
Adjusted Score ……	**=**	

Is the adjusted score greater than the clinical cut-off value of 10? ……. ☐ Yes ☐ No

Practitioner's analysis and commentary:

* If 3 or more answers are missing, the score of the questionnaire cannot be used.

Questionnaire reviewed by:				**Date:**		
Practitioner's last name	Practitioner's first name	Licence number	Signature	Year	Month	Day