

# KEYSTONE ADVANCED THERAPIES

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## PHQ-9 FORM

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 asleep, 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 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 have noticed? 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 hurting yourself in some other way?  
0 - Not at all  
1 - Several days  
2 - More than half the days  
3 - Nearly every day

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Score total: \_\_\_\_\_

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

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

Reviewed: yes or no

Technician signature: \_\_\_\_\_