



## Are you suffering from depression?

Or, maybe you are wondering whether you or a loved one are suffering from depression. Our Self-Assessment Questionnaire can help to evaluate your mental health status and help you determine next steps.

If you are concerned that you or a loved one are suffering from depression, take a moment to answer the health questionnaire. And, if your score reveals that you are suffering from this debilitating condition, please call us today at (541) 735-3241. Remember, there is hope!

## PHQ-9 Health Questionnaire

### Response Table:

**0 = Not at all | 1 = several days | 2 = more than half the days | 3 = nearly every day**

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

1. Little interest or pleasure in doing things  
0 1 2 3 4
2. Feeling down, depressed, or hopeless  
0 1 2 3 4
3. Trouble falling or staying asleep, or sleeping too much  
0 1 2 3 4
4. Feeling tired or having little energy  
0 1 2 3 4
5. Poor appetite or overeating  
0 1 2 3 4
6. Feeling bad about yourself—or that you are a failure or having let yourself or your family down  
0 1 2 3 4
7. Trouble concentrating on things, such as reading the newspaper or watching television  
0 1 2 3 4
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 1 2 3 4
9. Thoughts that you would be better off dead or of hurting yourself in some way  
0 1 2 3 4

Total score: \_\_\_\_

Also, if you checked off any problems, 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

**RESULTS: If your score is a 8 or greater, we advise you to call our office and schedule a consultation.**