

PHQ-9 FORM

Name of MH Facilitator: _____ Date: _____

Client's Name: _____ Client's Village: _____

Client's Group Name: _____ Session Number: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use a circle to indicate your answer)

	Not at all (0 – 1 Day)	Several Days (2 – 6 Days)	More than half the Days (7 – 11 Days)	Nearly Everyday (12 – 14 Days)
1. Little interest of pleasure in doing things	0	1	2	3
2. Feeling sad, depressed or hopeless	0	1	2	3
3. Trouble sleeping/ staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or over eating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure (worthlessness) or that you have let yourself or family down (guilty)	0	1	2	3
7. Trouble concentrating on things, such as work, care of your children or other activities	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed or the opposite of being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting/ killing yourself in some way	0	1	2	3
For interpretation of TOTAL: Add scores to all items				

Tick one only	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
10. 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?				

What happened to the client during the week? Explain why symptoms improved/ got worse/ stayed the same

What actions if any did the client take?

What suggestions did the group make to help the client with his/ her problems?

What is the client's plan for the week? (practical activities, 1 or 2)