

## Health Questionnaire

Circle the number below that best answers the question.

**0 = Not at all    1 = Several days    2 = More than half the days    3 = Nearly every day**

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

Little interest or pleasure in doing things?

**0      1      2      3**

Feeling down, depressed, or hopeless?

**0      1      2      3**

Feeling tired or having little energy?

**0      1      2      3**

Poor appetite or overeating?

**0      1      2      3**

Feeling bad about yourself - or that you are a failure or have let yourself or your family down?

**0      1      2      3**

Trouble concentrating on things, such as reading the newspaper or watching television?

**0      1      2      3**

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**

Thoughts that you would be better off dead, or of hurting yourself in some way?

**0      1      2      3**

**Add up the numbers you circled for each question and write the total here: \_\_\_\_\_**

**If you scored a 5 or above you may be suffering from depression, but help is available to you. Please contact Optum at 1-800-888-1965 to get connected with a behavioral health provider. For more immediate assistance please call 1-800-273-TALK (8255).**

*\*The PHQ-9 (patient health questionnaire) can be found at <https://patient.info/doctor/patient-health-questionnaire-phq-9>*