



# PHQ

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

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

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

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Thoughts that you would be better off dead or of hurting yourself in some way				
<b>If you answered <u>1 or higher</u> on <u>any</u> of the above questions, please continue below.</b>				
4. Trouble falling/staying asleep, sleeping too much				
5. Feeling tired or having little energy				
6. Poor appetite or overeating				
7. Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
8. Trouble concentrating on things, such as reading the newspaper or watching television				
9. 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				

Have you ever attempted suicide?  YES  NO

If YES, how many times? \_\_\_\_\_ When was the last attempt? \_\_\_\_\_

One in 5 people will experience some mental health condition each year and 1 in 20 will seriously consider suicide. Please enter the Crisis Line **800-273-8255** and Crisis Text Line **741741** (text “start”) into your phone now. You never know when someone you care about may need it.