

Here are your results:

Your total score was **14**, meaning that you may have mild to moderate symptoms of depression.

It is important to remember that **this is only an assessment and not a diagnosis**. It is possible to have this score and still be clinically depressed.

Mental Health Resources

Click [here](#) (opens in new window) for mental health resources for you to utilize but it is important to note that these resources do not replace a mental health professional.

Below is a summary of your responses

[Download PDF](#)

Patient Health Questionnaire (PHQ-9) - Self Report

This assessment is entirely confidential, allowing you to have a simple and anonymous way to explore your mental health safely and determine whether you should connect with a mental health professional.

Upon the completion of the questionnaire, you will get your results and some recommended resources.

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.

- Not at all
 - Several days
 - More than half the days**
 - Nearly every day
-

2. Feeling down, depressed, or hopeless.

- Not at all
 - Several days
 - More than half the days
 - Nearly every day**
-

3. Trouble falling or staying asleep, or sleeping too much.

- Not at all
 - Several days**
 - More than half the days
 - Nearly every day
-

4. Feeling tired or having little energy.

- Not at all
 - Several days**
 - More than half the days
 - Nearly every day
-

5. Poor appetite or overeating.

- Not at all**
 - Several days
 - More than half the days
 - Nearly every day
-

6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.

- Not at all
- Several days
- More than half the days**
- Nearly every day

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

- Not at all
- Several days
- More than half the days
- 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.

- Not at all**
- Several days
- More than half the days
- Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way.

- Not at all
- Several days
- More than half the days**
- Nearly every day

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 at all difficult
- Somewhat difficult
- Very difficult
- Extremely difficult**

Demographic Information

The following questions on this page are **optional**. You are free to decline to answer any particular question you do not wish to answer for any reason. This information can

any particular question you do not wish to answer for any reason. This information can help us to determine future mental health resources to offer.

Why are you taking this survey? (Select all that apply)

- To learn more about my symptoms
- I am not taking this survey for real; I am curious as to what these questions look like.**
-

Age (years):

18

Gender:

- Male
- Female**
- Trans
- I prefer not to disclose
-

Race (Select all that apply):

- White**
- Black or African American
- Native American
- Asian/Pacific Islander
- Other
-

Are you Hispanic or Latino/a?

- Yes
- No**
-

Where are you from?

United States of America

Where do you currently live?

United States of America

Is this your first time taking the PHQ-9?

- Yes
- No
- I don't know**



**Depression and Bipolar
Support Alliance**

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