BTC
BRAIN TREATMENT CENTRE
AUSTRALIA

19 – 31 Dickson Road, Morayfield QLD 4506
www.braintreatmentcentre.com.au

Client ID Number:

Name:

Date of Birth: Day Month Year

The Client Health Questionnaire (PHQ-9)

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

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

1. Little interest or pleasure in doing things — 0 ☐ 1 ☐ 2 ☐ 3 ☐

2. Feeling down, depressed or hopeless — 0 ☐ 1 ☐ 2 ☐ 3 ☐

3. Trouble falling asleep, staying asleep, or sleeping too much — 0 ☐ 1 ☐ 2 ☐ 3 ☐

4. Feeling tired or having little energy — 0 ☐ 1 ☐ 2 ☐ 3 ☐

5. Poor appetite or overeating — 0 ☐ 1 ☐ 2 ☐ 3 ☐

6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down — 0 ☐ 1 ☐ 2 ☐ 3 ☐

7. Trouble concentrating on things, such as reading the newspaper or watching television — 0 ☐ 1 ☐ 2 ☐ 3 ☐

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 ☐

9. Thoughts that you would be better off dead or of hurting yourself in some way — 0 ☐ 1 ☐ 2 ☐ 3 ☐

Totals: 0

10. If you checked off any problems, how difficult have those 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

Date Assessed : Month Day Year 20

Name of Clinician or Rater