

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

病人健康問卷調查

PATIENT NAME: _____ DATE OF BIRTH: _____ DATE OF SERVICE: _____
 姓名 生日 就診日期

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

在過去的两个星期，你有多少次被以下問題困擾？

		Not at all	Several Days	More Than Half the Days	Nearly Everyday
		完全沒有	少於7天	多於7天	幾乎每天
1	Little interest or pleasure in doing things 不管做什麼事都提不起勁來或沒有興趣去做	0	1	2	3
2	Feeling down, depressed, or hopeless 感覺心情低落、憂鬱、或是絕望	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much 無法入睡或保持入眠，或者是睡得太多	0	1	2	3
4	Feeling tired or having little energy 覺得很累或是沒有精神	0	1	2	3
5	Poor appetite or overeating 沒有食慾或是食量大增	0	1	2	3
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down 經常覺得愧疚，或是覺得自己拖累了自己或家人	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television 無法集中注意力，如看報紙或看電視時會分心	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed or being so fidgety or restless that you have been moving around a lot more than usual 講話或行動速度變慢，慢到其他人都有注意到。或您變得不安、焦躁並且動得比平常更多	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way 想過要傷害自己，或甚至覺得也許死掉會比較好	0	1	2	3
1-4 Minimal Depression, 5-9 Mild Depression, 10-14 Moderate Depression, 15-19 Moderately Severe Depression, 20-27 Severe Depression		TOTAL: 總分			

10. If you circle 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? 如果你圈出了任何問題，這些問題對於繼續你的工作，照顧家裡的事和社交產生了多大的困擾和阻力？	Not difficult at all 完全沒有困擾和阻力	<input type="checkbox"/>
	Somewhat difficult 有一些困擾和阻力	<input type="checkbox"/>
	Very difficult 非常困擾，有很大阻力	<input type="checkbox"/>
	Extremely difficult 極度困擾，有極大阻力	<input type="checkbox"/>

Doctor Name: _____ Doctor Signature: _____ Date: _____