# PHQ-9 SCREENING QUESTIONAIRE

DOE-F02

Trial ID : | | | | | | | | |

**Introduction**: *Now I would like to ask you few questions regarding your health status in last 2 weeks. Each question will have 4 options. Please tell us which of these options is most applicable to you.*
(Interviewer to opriate box)

| **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. Trouble falling or staying asleep or sleeping too much. | | | | |
| 2. Feeling tired or having little energy. | | | | |
| 3. Poor appetite or overeating. | | | | |
| 4. Trouble concentrating on things, such as reading the newspaper or watching the television. | | | | |
| 5. Little interest or pleasure in doing things. | | | | |
| 6. Feeling down, depressed or hopeless. | | | | |
| 7. Feeling bad about yourself- or that you are a failure or have let yourself or your family down. | | | | |
| 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 then usual. | | | | |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way. | | | | |

10. 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?

| 0. Not difficult at all | 1. Somewhat difficult | 2. Very difficult | 3. Extremely difficult |
|---|---|---|---|
| | | | |

**Instructions:** *Please proceed to ask this question on suicide attempt.*

11. IN THE PAST 9 MONTHS have you made an attempt to take your life, by taking an overdose of tablets or insecticide or in some other way,?

1. Yes ☐
2. No ☐

Event date | | | | | | | | | |

**Instructions:** *If an adverse event is indicated, please inform the respondent that this information will be shared with a clinician who will arrange to meet the patient either at home or a clinic to find out more about the event and offer the necessary support. Check with them if this is permissible.*

12. Is permission granted to share name with clinician?

1. Yes ☐
2. No ☐

13. Is permission granted to be contacted on phone by clinician?

1. Yes ☐
2. No ☐

***If yes, please provide Phone Number:*** _____