Patient Health Questionnaire (PHQ-9)

Name:	Date:			
Over the last 2 weeks, how often have you be	en bothered by an	y of the fo	ollowing problems?	
0= Not at all 1= Several Days 2= M	ore than half the d	lays	3=Nearly every day	
Circle the number that best describes the number of days using the numbering format above.				
Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or 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 tv	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
	add columns:		+ +	
	TOTAL:			
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? Not difficult at all Somewhat difficult Very difficult Extremely difficult — Extremely difficult				

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleages, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. PHQ-9 Copyright © 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD® and PRIME MD TODAY® are trademarks of Pfizer Inc.