

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: ~[Title] ~[Forename] ~[Surname]

DATE:

Over the last 2 weeks, how often have you been
Bothered by any of the following problems?
(use “√” to indicate your answer)

	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 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 television	0	1	2	3
8. Moving or speaking 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 some way.	0	1	2	3

add columns:

+

+

(Healthcare professional: For interpretation of TOTAL
Please refer to accompanying scoring card.)

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 _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rs8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc.. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.