

PATIENT HEALTH QUESTIONNAIRE FOR DEPRESSION (PHQ 9)
Please complete and take with you to see you doctor

Name: _____ Number _____

Date completed; _____

Over the last two 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. 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 have 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 the 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

Add columns	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>		

10. If you have 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. R.I.Spitzer, J.B.W.Williams, K.Kroenke and colleagues, with an educational grant from Pfizer inc. Copyright 1999 Pfizer Inc.