PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last two (2) weeks, how often have you been bothered by any of the following problems? (Use a check mark to indicate your answer)

Questions	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 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:				
(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 if 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 ris8@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.word/documents/PHQ-9