PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:BIR	BIRTHDATE:		DATE:		
Over the <i>last 2 weeks</i> , 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	
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 overheating	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:		+ - +	=	
	Total:				
10. If you checked off <i>any</i> problems, how	Not difficult at all				
difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?		Somewhat difficult Very difficult			
		Extremely difficult			

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Jane B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@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.