

# Patient Health Questionnaire (PHQ-9)

Name \_\_\_\_\_

Date \_\_\_\_\_

Over the <b>last 2 weeks</b> , how often have your been bothered by any of the following problems?		Not at all	Several Days 1-2 days	More than half the days 3-5 days	Nearly Every Day 6-7 days
1	Little interest or pleasure in doing things				
2	Feeling down, depressed, or hopeless				
3	Trouble falling or staying asleep, or sleeping too much				
4	Feeling tired or having little energy				
5	Poor appetite or overeating				
6	Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
7	Trouble concentrating on things, such as reading the newspaper or watching television				
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				
9	Thoughts that you would be better off dead or of hurting yourself in some way				

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 Dr. 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](mailto: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.