PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use “✔” to indicate your answer)

Not Several More Nearly

at all. days than half every day

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 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

9. Thoughts that you would be better off dead

or of hurting yourself in some way

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 Somewhat Very Extremely

at all difficult difficult difficult

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