*Patient Health Questionnaire-9 (PHQ-9)**

Patient Name: _____ Date: _____

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?
Circle your answers.

	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

FOR OFFICE CODING _____ + _____ + _____ + _____

= Total Score: _____

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
☐	☐	☐	☐

* Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. Patient Health Questionnaire Screeners [Internet]. [Place unknown]: Pfizer; 2002–2016. GAD-7 Screener; n.d. [cited 2015]. Available from: http://www.phqscreeners.com

FOR CLINICIAN USE

Patient Health Questionnaire-9 (PHQ-9)

SCORING LEGEND

Major depressive disorder is suggested if:

1. Question 1 or 2: Need 1 or both of the first 2 questions endorsed as 2 = "More than half the days" or 3 = "Nearly every day"
2. Need a total of 5 or more of the 9 items endorsed within the shaded area of the form (questions 1–8 must be endorsed as a 2 or a 3; question 9 must be endorsed as a 1, a 2, or a 3)
3. Question 10 must be endorsed as "Somewhat difficult," "Very difficult," or "Extremely difficult"

USE OF THE PHQ-9 TO ASSESS SEVERITY AND MONITOR TREATMENT:

Add the total score. The scoring interpretation is as follows:

0–4 = not depressed

5–9 = mild depression

10–14 = moderate depression

15–19 = moderate-severe depression

20–27 = severe depression