PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: ____________________________________________________________

DATE: ________

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

(Use “✓” to indicate your answer)

1. Little interest or pleasure in doing things
   Not at all: 0  Not at all: 1  Not at all: 2  Not at all: 3

2. Feeling down, depressed, or hopeless
   Not at all: 0  Not at all: 1  Not at all: 2  Not at all: 3

3. Trouble falling or staying asleep, or sleeping too much
   Not at all: 0  Not at all: 1  Not at all: 2  Not at all: 3

4. Feeling tired or having little energy
   Not at all: 0  Not at all: 1  Not at all: 2  Not at all: 3

5. Poor appetite or overeating
   Not at all: 0  Not at all: 1  Not at all: 2  Not at all: 3

6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down
   Not at all: 0  Not at all: 1  Not at all: 2  Not at all: 3

7. Trouble concentrating on things, such as reading the newspaper or watching television
   Not at all: 0  Not at all: 1  Not at all: 2  Not at all: 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
   Not at all: 0  Not at all: 1  Not at all: 2  Not at all: 3

9. Thoughts that you would be better off dead, or of hurting yourself in some way
   Not at all: 0  Not at all: 1  Not at all: 2  Not at all: 3

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 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 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.
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PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment on accompanying tear-off pad.
2. If there are at least 4 ✓s in the blue highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. **Consider Major Depressive Disorder**
   —if there are at least 5 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

   **Consider Other Depressive Disorder**
   —if there are 2 to 4 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

   **Note:** Since the questionnaire relies on patient self-report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients’ files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

**PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION**
for healthcare professional use only

**Scoring**—add up all checked boxes on PHQ-9

**For every ✓:** Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

**Interpretation of Total Score**

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Minimal depression</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild depression</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate depression</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe depression</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe depression</td>
</tr>
</tbody>
</table>