## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

| Over the last 2 weeks, how often have you been bothered <br> by any of the following problems? <br> (Use " $\boldsymbol{\sim}$ " to indicate your answer) | Not at all | Several <br> days | More <br> than half <br> the days | Nearly <br> every <br> 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 |  |  |  |  |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself - or that you are a failure or <br> have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the <br> newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have <br> noticed? Or the opposite - being so fidgety or restless <br> 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 <br> yourself in some way | 0 | 1 | 2 | 3 |

$\qquad$ $+$
=Total Score: $\qquad$

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?


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