



## PHQ-9 depression questionnaire

<b>Name:</b>	<b>Date:</b>			
<b>Over the last two weeks, how often have you been bothered by any of the following problems?</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<b>Total ___ =</b>	<b>___</b>	<b>+ ___</b>	<b>+ ___</b>	<b>+ ___</b>
<b>PHQ-9 score ≥10: Likely major depression</b>				
<b>Depression score ranges:</b>				
5 to 9: mild				
10 to 14: moderate				
15 to 19: moderately severe				
≥20: severe				
<b>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?</b>	Not difficult at all ___	Somewhat difficult ___	Very difficult ___	Extremely difficult ___

PHQ: Patient Health Questionnaire.

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