

## 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 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

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: \_\_\_\_\_

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

☐

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