

# Patient Health Questionnaire 9

Please complete the survey below.

Thank you!

## Patient Health Questionnaire 9 (PHQ-9)

Date:

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

### Over the last 2 weeks how often have you been bothered by any of the following problems? (Click the circle to indicate your answer)

1. Little interest or pleasure in doing things

0- Not at all    1- Several days    2- More than half the days    3- Nearly every day

2. Feeling down, depressed, or hopeless

0- Not at all    1- Several days    2- More than half the days    3- Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

0- Not at all    1- Several days    2- More than half the days    3- Nearly every day

4. Feeling tired or having little energy

0- Not at all    1- Several days    2- More than half the days    3- Nearly every day

5. Poor appetite or overeating

0- Not at all    1- Several days    2- More than half the days    3- Nearly every day

6. Feeling bad about yourself -- or that you are a failure or have let yourself or your family down

0- Not at all    1- Several days    2- More than half the days    3- Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

0- Not at all    1- Several days    2- More than half the days    3- Nearly every day

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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- Not at all    1- Several days    2- More than half the days    3- Nearly every day

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9. Thoughts that you would be better off dead or of hurting yourself in some way

0- Not at all    1- Several days    2- More than half the days    3- Nearly every day

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Total Score: \_\_\_\_\_

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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?

1- Not difficult at all    2- Somewhat difficult    3- Very difficult    4- Extremely difficult

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Scoring:

Nine items, each of which is scored 0 to 3, providing a 0 to 27 severity score.

Severity:

Score, Depression Severity, Proposed Treatment Actions

0 - 4 None-minimal, None

5 - 9 Mild, Watchful waiting; repeat PHQ-9 at follow-up

10 - 14 Moderate, Treatment plan, considering counseling, follow-up and/or pharmacotherapy

15 - 19 Moderately Severe, Active treatment with pharmacotherapy and/or psychotherapy

20 - 27 Severe, Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

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Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a Brief Depression Severity Measure. J Gen Intern Med. 2001 September; 16(9): 606-613.