PATIENT HEALTH QUESTIONNAIRE (PHQ-9) DATE:

NAME:	DATE:			
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	□ o	<u> </u>	□ 2	□ 3
2. Feeling down, depressed, or hopeless	□ 0	□ 1	□ 2	□ 3
3. Trouble falling or staying asleep, or sleeping too much	□ 0	<u></u> 1	<u> </u>	□ 3
4. Feeling tired or having little energy	□ 0	1	□ 2	□ 3
5. Poor appetite or overeating	□ o	<u> </u>	2	□ 3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	□ 0	<u> </u>	<u> </u>	□ 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	□ 0	1	<u> </u>	□ 3
8ving or speaking so slowly that other people cou have noticed. Or the opposite - being so fidgety resteless that you have been moving aroung a lot more than usual	d □ 0	<u></u> 1	<u> </u>	□ 3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	<u> </u>	1	2	<u></u> 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 Sery difficult Extremely difficult			

11. In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?

TOTAL:

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 (C) 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.