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Wolters Kluwer  
Health

**PHQ-9 depression questionnaire**

Name:		Date:			
<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>		0	1	2	3
<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-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 rls@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at www.pfizer.com. Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.