

Depression Score (PHQ-9)

Patient Health Questionnaire-9

(PHQ-9) - Depression Severity Score

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things *	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days
	<input type="checkbox"/> Nearly every day		
Feeling down, depressed, or hopeless *	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days
	<input type="checkbox"/> Nearly every day		
Trouble falling or staying asleep, or sleeping too much *	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days
	<input type="checkbox"/> Nearly every day		
Feeling tired or having little energy *	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days
	<input type="checkbox"/> Nearly every day		
Poor appetite or overeating *	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days
	<input type="checkbox"/> Nearly every day		
Feeling bad about yourself — or that you are a failure or have let yourself or your family down *	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days
	<input type="checkbox"/> Nearly every day		
Trouble concentrating on things, such as reading the newspaper or watching television *	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days
	<input type="checkbox"/> Nearly every day		
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 *	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days
	<input type="checkbox"/> Nearly every day		
Thoughts that you would be better off dead or of hurting yourself in some way *	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days
	<input type="checkbox"/> Nearly every day		
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?	<input type="checkbox"/> Not difficult at all	<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Very difficult
	<input type="checkbox"/> Extremely difficult		

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