

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use a checkmark 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				
2. Feeling down, depressed or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired, or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				

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

If you checked at least 5 of the grey boxes above (one must be for either question 1 or 2), you may have symptoms of depression. Depression is a treatable disease. Please consider discussing this with your doctor. You may print your results and take it with you to your doctor's office for discussion.

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