

Patient Questionnaire – PHQ-9*
Nine Symptom Checklist

Patient Name:

Date:

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

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
a) Little interest or pleasure in doing things				
b) Feeling down, depressed, or hopeless				
c) Trouble falling/staying asleep, sleeping too much				
d) Feeling tired or having little energy				
e) Poor appetite or overeating				
f) Feeling bad about yourself – or that you are a failure or have let yourself or family down				
g) Trouble concentrating on things, such as reading the newspaper or watching television				
h) 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.				
i) Thoughts that you would be better off dead or of hurting yourself in some way				
	Not difficult at all	Somewhat Difficult	Very Difficult	Extremely Difficult
2. If you checked off any problem on this questionnaire so far, 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?				

Make an appointment with your physician or health care professional to discuss your results.

****Adapted from PRIME-MD***

Physician Instruction – How to Score PHQ-9*

Scoring Method For Diagnosis	Major Depressive Syndrome is suggested if: <ul style="list-style-type: none"> ▪ Of the 9 items, 5 or more are circled as at least "More than half the days" ▪ Either item 1a or 1b is positive; that is, at least "More than half the days" 	
	Minor Depressive Syndrome is suggested if: <ul style="list-style-type: none"> ▪ Of the 9 items, b, c, or d are marked as at least "More than half the days" ▪ Either item 1a or 1b is positive; that is, at least "More than half the days" 	
Scoring Method For Planning And Monitoring Treatment	Question One <ul style="list-style-type: none"> • To score the first question, tally each response by the number value of each response: Not at all = 0 Several days = 1 More than half the days = 2 Nearly every day = 3 ▪ Add the numbers together to total the score ▪ Interpret the score by using the guide listed below 	
	Score	Action
	≤ 4	The score suggests the patient may not need depression treatment.
	$> 5-14$	Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
	≥ 15	Warrants treatment for depression using antidepressant, psychotherapy, and/or a combination of treatment
Question Two In question two, the patient responses can be one of four: Not difficult at all, Somewhat difficult, Very difficult, Extremely difficult. The last two responses suggest that the patient's functionality is impaired. After treatment begins, the functional status is again measured to see if the patient is improving.		

**Adapted from PRIME-MD*