

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: _____

Date: _____

Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems? <i>(use "X" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly Every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
Add Columns _____ + _____ + _____ = Total Score: _____				

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

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.
 Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. PRIME MD TODAY is a trademark of Pfizer Inc.

PT.NO

NAME

DOB

UW Medicine

Harborview Medical Center – UW Medical Center
 University of Washington Physicians
 Seattle, Washington

UWMC PATIENT HEALTH QUESTIONNAIRE 9



U2771

UH2771 REV JUL 09

P
R
O
G
R
E
S
S
—
B
L
U
E