## To Be Completed By Patient Form PHQ9

Patient Name		Date of Assessment			
To be completed by the Patient					
1. Over the last 2 weeks, how		Not at	Several	More Than	Nearly Every
often have you bee bothered by		all	Days	Half the days	Day
any of the following problems?		(0)	(1)	(2)	(3)
(Use a "x" to indicate your answer")		(0)	(.,	(-)	(0)
(CCC & A to malouto your unover)					
a) Little interest or pleasure in					
doing things					
denig timige					
b) Feeling down, c	lepressed or				
hopeless					
c) Trouble falling	or staving				
asleep, or sleeping too much					
usicop, ci cicopiii,	g too maon				
d) Feeling tired or	having little				
energy					
one gy					
e) Poor appetite or	r overeating				
c) i coi appointe ci	o voi ou iii g				
f) Feeling bad about yourself - or					
that you are a failure or have					
let yourself or your family down					
, and the second	,				
g) Trouble concentrating on things					
such as reading the newspaper or					
watching television					
ŭ					
h) 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					
i) Thoughts that you would be better					
off dead, or of hurting yourself in					
some way					
	add columns	0	0	0	0
	TOTAL	0			
•			_		
2. If you checked		Not difficult at all			
difficult have these problems made it for			Somewhat difficult		
you to do your work, take care of things at			Very Difficult		
	home, or get along with other people			Extremely Difficult	

0-4 No depression 15-19 Moderate Symptoms 5-9 Minimal Symptoms >20 Severe Symptoms 10-14 Mild Symptoms

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 rls8@columbia.edu. PHQ-9 is Copyright 1999 Pfizer Inc. All rights reserved. PRIME-MD and PRIME MD TODAY are trademarks of Pfizer Inc.

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