Patient Health Questionnaire	Version
articipant ID:	
oid}	
ate of Visit:	
d_form}	
crostic:	
acrostic}	
dministered By:	
compby}	
isit Code:	
visit_code}	
arcode:	
parcode}	
Over the last 2 weeks, how often have you been bothered by any	of the following
problems?	
	{little_interest}
1. Little interest or pleasure in doing things	()
	(0) Not at all
	(1) Several days (2) More than half
	(1) Several days (2) More than half (3) Nearly every d

2.	Feeling down, depressed, or hopeless	{feel_down}	wn}	
2-	recining down, depressed, or neperess	() (0) Not at all (1) Several d (2) More than (3) Nearly ev	ays n half	
3.	Trouble falling or staying aclean, or cleaning too much	{sleeping}		
3.	Trouble falling or staying asleep, or sleeping too much	() (0) Not at all (1) Several d (2) More than (3) Nearly ev	n half	
4.	Feeling tired or having little energy	{tired}		
·		() (0) Not at all (1) Several d (2) More than (3) Nearly ev	n half	
5.	Poor appetite or overeating	{eating}		
		() (0) Not at all (1) Several d (2) More than (3) Nearly ev	ays n half	
6.	Feeling bad about yourself or that you are a failure or have let	{feel_bad}		
U.	yourself or your family down	() (0) Not at all (1) Several d (2) More than (3) Nearly ev	ays n half	
7.	Translate a magnification and their are excellent to a security of the security	{concentrating}		
7.	Trouble concentrating on things, such as reading the newspaper or watching television	() (0) Not at all (1) Several d (2) More than (3) Nearly ev	ays n half	

	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) Not at all (1) Several days (2) More than hal (3) Nearly every
9.	Thoughts that you would be better off dead, or of hurting yourself in some way	(thoughts) () (0) Not at all (1) Several days (2) More than hal (3) Nearly every
	Total Score:	
10.	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?	{difficulty} () (0) Not difficult at (1) Somewhat dit (2) Very Difficult (3) Extremely difficult

{moving}

Patient Health Questionnaire

PID:		ADMINISTERED BY:	
ACROSTIC:			
VISIT:			
DATE of VISIT:	/		

О	ver the last 2 weeks, how often have you been bothered by any of the following problems? (use "X" 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	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						
For Administrative Use Only - ENTER TOTAL SCORE:						
10. 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. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at http://www.pfizer.com. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc