

PHQ-9 (Patient Health Questionnaire – 9 Items)

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- In the past 2 WEEKS, how often have you been bothered by little interest or pleasure in doing things?
Not at all
Several days
More than half the days
Nearly every day
- In the past 2 WEEKS, how often have you been bothered by feeling down, depressed or hopeless?
Not at all
Several days
More than half the days
Nearly every day
- In the past 2 WEEKS, how often have you been bothered by trouble falling or staying asleep, or sleeping too much?
Not at all
Several days
More than half the days
Nearly every day
- In the past 2 WEEKS, how often have you been bothered by feeling tired or having no energy?
Not at all
Several days
More than half the days
Nearly every day
- In the past 2 WEEKS, how often have you been bothered by poor appetite or overeating?
Not at all
Several days
More than half the days
Nearly every day
- In the past 2 WEEKS, how often have you been bothered by feeling bad about yourself or that you are a failure or have let yourself or your family down?
Not at all
Several days
More than half the days
Nearly every day
- In the past 2 WEEKS, how often have you been bothered by trouble concentrating on things such as reading the newspaper or watching television?
Not at all
Several days
More than half the days
Nearly every day
- In the past 2 WEEKS, how often have you been bothered by moving or speaking so slowly that people have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual?
Not at all
Several days
More than half the days
Nearly every day
- In the past 2 WEEKS, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?
Not at all
Several days
More than half the days
Nearly every day