



**MEDICAL GROUP**

**Patient Health Questionnaire (PHQ-9)**

**Patient Name (First, Last)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Review the questions. Circle each answer and calculate the score.**

<b>Over the past 2 weeks, how often have you been bothered by any of the following problems?</b>	<b>Not at All</b>	<b>Several Days</b>	<b>More than Half the Days</b>	<b>Nearly Every Day</b>
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 asleep, 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 the Score for Each Column**      \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
**Add Column Totals Together**      \_\_\_\_\_

10. If you circled any problems, how difficult have those 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

*The PHQ questionnaire was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer, Inc.*

<p><b>Reviewed by:</b>  Provider's Signature (Required) _____ Date &amp; Time (Required) _____</p>
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## PHQ-9 DEPRESSION ASSESSMENT INSTRUCTIONS

### FOR PROVIDER USE ONLY

#### PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

Scoring – add up all circled responses on PHQ-9 Assessment Form

Not at all = 0  
Several days = 1  
More than half the days = 2  
Nearly every day = 3

#### Interpretation of Total Score

<b>Total Score</b>	<b>Depression Severity</b>
0-4	None-Minimal
5-9	Mild
10-14	Moderate
15-19	Moderately severe
20-27	Severe

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