PHQ-9 — Nine Symptom Checklist

Patient Name ___________________________ Date ______________________________

1. Over the last two weeks, how often have you been bothered by any of the following problems? Read each item carefully and circle your response.

a. Little interest or pleasure in doing things
   Not at all  Several days  More than half the days  Nearly every day

b. Feeling down, depressed or hopeless
   Not at all  Several days  More than half the days  Nearly every day

c. Trouble falling asleep, staying asleep or sleeping too much
   Not at all  Several days  More than half the days  Nearly every day

d. Feeling tired or having little energy
   Not at all  Several days  More than half the days  Nearly every day

e. Poor appetite or overeating
   Not at all  Several days  More than half the days  Nearly every day

f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down
   Not at all  Several days  More than half the days  Nearly every day

g. 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

h. Moving or speaking so slowly that other people could have noticed, or 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

i. Thinking that you would be better off dead or that you want to hurt yourself in some way
   Not at all  Several days  More than half the days  Nearly every day

2. If you checked off any problem on this questionnaire so far, 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 — Scoring Tally Sheet**

**Patient Name** __________________________  **Date** ______________________

1. **Over the last two weeks, how often have you been bothered by any of the following problems?** Read each item carefully and circle your response.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Feeling down, depressed or hopeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Trouble falling asleep, staying asleep or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Feeling tired or having little energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Poor appetite or overeating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Trouble concentrating on things such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Moving or speaking so slowly that other people could have noticed, or being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Thinking that you would be better off dead or that you want to hurt yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **If you checked off any problem on this questionnaire so far, 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?**

<table>
<thead>
<tr>
<th></th>
<th>Not Difficult At All</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Extremely Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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How to Score PHQ-9

**Scoring Method For Diagnosis**

**Major Depressive Syndrome is suggested if:**
- Of the 9 items, 5 or more are circled as at least "More than half the days"
- Either item 1a or 1b is positive, that is, at least "More than half the days"

**Minor Depressive Syndrome is suggested if:**
- Of the 9 items, b, c, or d are circled as at least "More than half the days"
- Either item 1a or 1b is positive, that is, at least "More than half the days"

**Scoring Method For Planning And Monitoring Treatment**

**Question One**
- To score the first question, tally each response by the number value of each response:
  - Not at all = 0
  - Several days = 1
  - More than half the days = 2
  - Nearly every day = 3
- Add the numbers together to total the score.
- Interpret the score by using the guide listed below:

<table>
<thead>
<tr>
<th>Score</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤4</td>
<td>The score suggests the patient may not need depression treatment.</td>
</tr>
<tr>
<td>&gt; 5-14</td>
<td>Physician uses clinical judgment about treatment, based on patient’s duration of symptoms and functional impairment.</td>
</tr>
<tr>
<td>≥15</td>
<td>Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment</td>
</tr>
</tbody>
</table>

**Question Two**
In question two the patient responses can be one of four: not difficult at all, somewhat difficult, very difficult, extremely difficult. The last two responses suggest that the patient's functionality is impaired. After treatment begins, the functional status is again measured to see if the patient is improving.
How to Score PHQ-9