PHQ-9 for ADULTS
Patient Health Questionnaire

Name: _____Date:_____

Over the **last 2 weeks**, how often have you been bothered by any of the following problems? (Please **CIRCLE** 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

Note: Clinic Staff - Please file electronically in the EpicCare PHQ9 Document Flow sheet.

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc.

Additional Depression Questions for Adults

Name: _____Date:_____

Instructions: This questionnaire will help us understand how you have been feeling. The results will help you and your doctor follow your progress.

Patient Questionnaire (Please **CIRCLE** to indicate your answer.) Y, N or N/A			
1. Have your symptoms of depression lasted longer than two years?	Y	N	N/A
2. Have you had similar symptoms lasting at least two weeks in the past? If yes, how many times?	Y	N	N/A
3. Have you had counseling in the past for depression?	Y	N	N/A
4. If you have taken medications for depression in the past, did they help?	Y	N	N/A
5. If you have taken medications for depression in the past, did you have a problem with any medication?	Y	N	N/A
6. Have you ever made plans to harm or kill yourself?	Y	N	N/A
7. Has any family member attempted or committed suicide?	Y	N	N/A
8. At any point in your life, have you gone through periods when you felt the opposite of being depressed—very "high" or "speeded up," with lots of energy? Didn't need sleep? Felt you could do anything? Circle "yes" if you had these symptoms and they lasted at least a few days and caused trouble for you in your life.	Y	N	N/A
9. In the past two weeks, have you heard or seen things that other people couldn't see or hear that might really not be there?	Y	N	N/A
10. Have you recently been the victim of threats, physical hurting, or forced sexual contact?	Y	N	N/A
11. Have you recently experienced the death of a close friend or family member?	Y	N	N/A
12. Have you recently experienced some stressful event or life change?	Y	N	N/A
13. In your life have you ever had any experience that was so frightening, horrible, or upsetting that in the past month you: • Have had nightmares about it or thought about it when you did not want to? • Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? • Were constantly on guard from others, activities, or your surroundings?	Y	N	N/A
14. In the past 12 months, have you used drugs other than those required for medical reasons?	Y	N	N/A
15. How often did you have 1 drink containing alcohol in the last year? ☐ Never [0] ☐ Monthly or less [1] ☐ 2 to 4 times per month [2] ☐ 2 to 3 times per week [3] ☐ 4 or more times per week [4]			
16. How many drinks containing alcohol did you have on a typical day when you were drinking in the last year? ☐ I don't drink alcohol [0] ☐ 1 to 2 [0] ☐ 3 to 4 [1] ☐ 5 to 6 [2] ☐ 7 to 9 [3] ☐ 10 or more [4]			
17. How often did you have 6 or more drinks on one occasion in the last year? ☐ Never [0] ☐ Less than monthly [1] ☐ Monthly [2] ☐ Weekly [3] ☐ Daily or almost daily [4]			

18. Over the last two weeks, how often have you been bothered by the following problems:	Not at all [0]	Several days [1]	Over half the days [2]	Nearly every day [3]
• Feeling nervous, anxious, or on edge?	Not at all [0]	Several days [1]	Over half the days [2]	Nearly every day [3]
• Not being able to stop or control worrying?				

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