

Patient Health Questionnaire 9-Symptom Checklist	Not at All	Several Days	More Than Half the Days	Nearly Every Day
1. Over the last 2 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling asleep, trouble staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thinking that you would be better off dead or that you want to hurt yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not Difficult at All	Somewhat Difficult	Very Difficult	Extremely Difficult
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 1. The PHQ-9 tool for assessing severity of depression.¹³

Part 1 consists of the 9 symptoms listed in DSM-IV-TR that contribute to depression diagnosis. Each question is scored from 0 ("Not at all") to 3 ("Nearly every day"), for a maximum possible score of 27. Level of depression according to score is *minimal* (1-4), *mild* (5-9), *moderate* (10-14), *moderately severe* (15-19), and *severe* (20-27). A response to part 2 of "very difficult" or "extremely difficult" supports a depression diagnosis.