

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" 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/staying asleep, 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

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 \_\_\_\_\_

Patient Health Questionnaire (PHQ) Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission.

	Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
1. How often do you have eight or more alcohol drinks on one occasion?					
2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?					
3. How often during the last year have you failed to do what was normally expected of you because of your drinking?					
4. Has a relative or friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?	No ___	Yes, but not in the last year. ___		Yes in the last year. ___	

Do you smoke or use nicotine products?

If yes, how much?

Are you interested in quitting nicotine products?