Patient Questionnaire – PHQ-9

Nine Symptom Checklist

Patient Name: ______________________________ Date: ______________

DOB: ______________________

1. Over the *last 2 or more weeks*, how often have you been bothered by any of the following problems?

		Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
a.	Little interest or pleasure in doing things.	☐	☐	☐	☐
b.	Feeling down, depressed, or hopeless.	☐	☐	☐	☐
c.	Trouble falling/staying asleep, sleeping too much.	☐	☐	☐	☐
d.	Feeling tired or having little energy.	☐	☐	☐	☐
e.	Poor appetite or overeating.	☐	☐	☐	☐
f.	Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	☐	☐	☐	☐
g.	Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
h.	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.	☐	☐	☐	☐
i.	Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐

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2. Do you use alcohol or other chemicals (drugs) to relieve your symptoms?

Not at all	Several days	More than half the days	Nearly every day
☐	☐	☐	☐

Physician Initial ______________

Score recorded in EHR ☐

PHQ-9 Score	Depression Code	
0-4:	☐ No Depression	**Single Episode:**
5-9:	☐ Mild (296.21)	☐ 296.2
10-14:	☐ Moderately (296.22)	**Recurrent:**
15-19	☐ Moderately Severe (296.23)	☐ 296.3
20-27:	☐ Severe (296.24)	**Dysthymia:**
		☐ 300.4