

Patient Name

DOB:

MR #

Index to Questionnaire-Health\Encounter

Date: \_\_\_\_\_

**UW Health** uwhealth.org  
 (University of Wisconsin Hospitals and Clinics Authority)  
**PATIENT HEALTH QUESTIONNAIRE**  
**(PHQ-9)**

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

	Not at all	Several days	More than half the days	Nearly everyday
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
	0 +	+	+	
=Total Score: _____				

If you checked off any problems, 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 at all \_\_\_\_\_ Somewhat Difficult \_\_\_\_\_ Very Difficult \_\_\_\_\_ Extremely Difficult \_\_\_\_\_

Signature of Patient/Representative \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

If signed by person other than the patient, print name and state relationship and authority to do so.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient is:  Minor  Incompetent / Incapacitated  
 Legal Authority:  Legal Guardian  Parent of Minor  Health Care Agent  Other \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Interpretation of Total Score: 1-4 Minimal Depression, 5-9 Mild Depression, 10-14 Moderate Depression, 15-19 Moderately Severe Depression, 20-27 Severe Depression

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