

## PHQ-9 Depression Test

Patient Health Questionnaire-9 · a screening tool, not a diagnosis

Name: \_\_\_\_\_

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

Over the last 2 weeks, how often have you been bothered by any of the following problems? Tick one box per line.

| Problem                                                                                                                                                                     | Not at all                 | Several days               | More than half the days    | Nearly every day           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Little interest or pleasure in doing things                                                                                                                              | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 2. Feeling down, depressed, or hopeless                                                                                                                                     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 3. Trouble falling or staying asleep, or sleeping too much                                                                                                                  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 4. Feeling tired or having little energy                                                                                                                                    | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 5. Poor appetite or overeating                                                                                                                                              | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down                                                                          | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television                                                                                    | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 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 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way                                                                                            | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Column totals: 0 + \_\_\_\_ + \_\_\_\_ + \_\_\_\_

Total score (0–27): \_\_\_\_

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 difficult at all   ☐ Somewhat difficult   ☐ Very difficult   ☐ Extremely difficult

### What your score suggests

**0–4** Minimal depression

**5–9** Mild depression: watch how you feel over the next few weeks

**10–14** Moderate depression: the usual point to talk to a professional

**15–19** Moderately severe depression: treatment is usually recommended

**20–27** Severe depression: please reach out to a doctor soon

**Question 9 counts on its own.** If you ticked anything other than "Not at all" on question 9, please talk to someone today. If you might act on these thoughts, call your local emergency number (911 US, 999 UK, 112 Europe) or, in the US, call or text 988. Helplines by country: [anxietychecklist.com/gethelpnow](https://anxietychecklist.com/gethelpnow)

Take it online with an instant score: [anxietychecklist.com/anxiety-test/phq-9](https://anxietychecklist.com/anxiety-test/phq-9)

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