

NIDA Clinical Trials Network

Patient Health Questionnaire-9 (PHQ-9)

Instructions:

Please respond to each question.

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

Give answers as 0 to 3, using this scale:

0=Not at all; 1=Several days; 2=More than half the days; 3=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 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

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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 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?

Give answers using this scale:

Not difficult
at all

Somewhat
difficult

Very
difficult

Extremely
difficult

Instructions

Clinic personnel will follow standard scoring to calculate score based on responses.

Total score:

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