PHQ-9 SCREENING QUESTIONAIRE

Trial ID:

Name: __________________________  Age: ________  Date: ______________

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

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
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1. Trouble falling or staying asleep or sleeping too much /
   Nearly every day

2. Feeling tired or having little energy /
   Several days

3. Poor appetite or overeating /
   Not at all

4. Trouble concentrating on things, such as reading the newspaper
   or watching the television /
   More than half the days

5. Little interest or pleasure in doing things /
   Nearly every day

6. Feeling down, depressed or hopeless /
   Nearly every day

7. Feeling bad about yourself- or that you are a failure or have let yourself or your family down /
   Very difficult

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 then usual /
   Extremely difficult

9. Thoughts that you would be better off dead, or of hurting yourself in some way. /
   Very difficult

10. 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?

Total Score = _______  +  _______  +  _______  +  _______  +  _______

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu.

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