

# Patient Health Questionnaire 9 (PHQ-9)

Category: Psychiatry, Primary care | Items: 9 | Time: ~2-3 min

## Description / When to Use

Severity of depression

## Instructions for Respondent

Please read each statement carefully and respond based on how you have felt over the specified time period. There are 9 items in this scale. Estimated completion time: 2-3 min.

## Scale Items

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling asleep, staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself, or that you are a failure
7. Trouble concentrating on things
8. Moving or speaking slowly, or being fidgety/restless
9. Thoughts that you would be better off dead or of hurting yourself

## Response Options

0 = Not at all | 1 = Several days | 2 = More than half the days | 3 = Nearly every day

## Scoring Guide

Sum all 9 items. Total range 0-27.

## Cutoff Interpretation

Score Range	Severity	Recommended Action
0–4	Minimal / none	No depression suggested.
5–9	Mild	Mild depression.
10–14	Moderate	Consider treatment.
15–19	Moderately severe	Active treatment with pharmacotherapy and/or psychotherapy.
20–27	Severe	Immediate treatment; assess safety.

## Psychometric Properties

See original validation study for reliability and validity data.

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## Citation (APA Format)

Kroenke K et al. J Gen Intern Med. 2001;16(9):606-613.

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URL: <https://pubmed.ncbi.nlm.nih.gov/11556941/>

*Disclaimer: Item 9 (suicidal ideation) requires immediate clinical follow-up if positive. Screening tool, not a diagnostic instrument. Educational use only.*