MEDICARE ANNUAL WELLNESS VISIT (AWV) DOCUMENT

PATIENT HEALTH QUESTIONNAIRE (PHQ2 & PHQ--9)

NAME: DATE OF BIRTH:_		DATE:				
Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems? (use ".!" to indicate your answer)		Hot at all	Several day's	More than half	Meany every day	
1. Little interest or pleasure in doing things	S**	0	1	2	3	
2. Feeling down, depressed, or hopeless**		0	1	2	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 readin newspaper or watching television	g the	0	1	2	3	
8. Moving or speaking so slowly that other people have noticed. Or the opposite —being so fidget or restless that you have been moving around a more than usual	ty	0	1	2	3	
9. Thoughts that you would be better off dead, or of hurting yourself in some way		0	1	2	3	
** (PHQ2) The PHQ2 includes the first two in PHQ9. Patients who screen positive (>or =3) with questions should be further evaluated using question the PHQ9.	h these two	add columns:		+	+	
10. If you checked off <i>any</i> 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? (Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)				Not difficult at all Somewhat difficult Very difficult Extremely difficult		

PHQ--9 is adapted from PRIME MD TODAY, developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ--9 may only be made in accordance with the Terms of Use available at http://www.pfizer.com. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.