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

1. Feeling nervous, anxious or on edge

\_\_ 0 \_\_ 1 \_\_ 2 \_\_ 3

Not at all Several days More than half Nearly every day

the days

1. Not being able to stop or control worrying

\_\_ 0 \_\_ 1 \_\_ 2 \_\_ 3

Not at all Several days More than half Nearly every day

the days

1. Little interest or pleasure in doing things

\_\_ 0 \_\_ 1 \_\_ 2 \_\_ 3

Not at all Several days More than half Nearly every day

the days

1. Feeling down, depressed, or hopeless

\_\_ 0 \_\_ 1 \_\_ 2 \_\_ 3

Not at all Several days More than half Nearly every day

the days

Notes: Scoring

PHQ-4 total score ranges from 0 to 12, with categories of psychological distress being:

• None 0-2

• Mild 3-5

• Moderate 6-8

• Severe 9-12

Anxiety subscale = sum of items 1 and 2 (score range, 0 to 6)

Depression subscale = sum of items 3 and 4 (score range, 0 to 6)

On each subscale, a score of 3 or greater is considered positive for screening purposes

The PHQ scales were developed by Drs. Robert L. Spitzer, Janet B.W. Williams, and Kurt Kroenke and colleagues. The PHQ scales are free to use. For research information, contact Dr. Kroenke at kkroenke@regenstrief.org

Reference

Kroenke K, Spitzer RL, Williams JBW, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4 Psychosomatics 2009;50:613-621.