

The Four-Item Patient Health Questionnaire for Anxiety and Depression (PHQ-4)

(Kroenke et al., 2009)

Instructions: Over the last two weeks, how often have you been bothered by the following problems?

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

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying
3. Feeling down, depressed, or hopeless
4. Little interest or pleasure in doing things

Scoring Instructions:

Total score is determined by adding together the scores of each of the four items. Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12).

Total score ≥ 3 for first 2 questions suggests anxiety.

Total score ≥ 3 for last 2 questions suggests depression.

Citation:

Kroenke K, Spitzer RL, Williams JB, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. *Psychosomatics*. 2009;50(6):613-21.