

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

		Not at all	Several Days	More than half the days	Nearly Every Day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed or hopeless	0	1	2	3
3.	Trouble falling/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 reading the newspaper or watching television	0	1	2	3
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 than usual	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

**Add Columns:**

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

*(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).*

**TOTAL:** \_\_\_\_\_

10. If you checked off any problem on this questionnaire so far how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____
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*This client's intake screening results were indicative of possible depression. As such, please complete the attached PHQ-9 screening test for depression in the first session with this client. We are happy to assist with scoring; If the client scores high for depression on the PHQ-9, please refer the client to his/her PCP or to a psychiatrist for further evaluation & treatment. We will follow-up with you on this approximately 2 weeks after the first appointment.*

If there are at least 4 ✓s in the two right shaded columns (including questions #1 and #2), consider a depressive disorder. Add the score to determine severity.

**Consider Major Depressive Disorder:**

If there are at least 5 ✓s in the two right, shaded columns (one of which corresponds to either question #1 or #2)

**Consider Other Depressive Disorder**

If there are 2-4 ✓s in the two right, shaded columns (one of which corresponds to either question #1 or #2)

**To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:**

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1, More than half the days = 2, Nearly every day = 3.
3. Add together column scores to get a TOTAL score.
4. Refer the below chart to interpret the TOTAL score
5. Results may be included in patients' files to assist you in setting up a treatment goal, determining degree of response, and guiding treatment intervention.

**STEP 2 – SYMPTOM SEVERITY**

Add all scores for questions #1-#9.

Score		Treatment
0-4	None	Suggests intervention may not be needed
5-9	Mild Depression	Base clinical judgment about treatment on duration of symptoms and functional impairment
10-14	Moderate Depression	
15-19	Moderately Severe Depression	Warrants treatment for depression using antidepressant, psychotherapy, and/or a combination treatment approach
20-27	Severe Depression	

Formal referral to specialty mental health care is recommended for the following groups:

- Those with persistent scores above 20, especially with suicidal risk
- Those who appear to have psychiatric co-morbidities such as panic disorder, PTSD, or active substance abuse
- Those for whom there is concern about possible bipolar disorder.
- Those with history of psychiatric hospitalization.