

PATIENT HEALTH QUESTIONNAIRE (PHQ-9) page 1

NAME: _____

DATE: _____

If you are concerned about any illness, regardless of what the screening shows, you should seek further evaluation from your physician. If you are concerned that you may have a medical emergency or are having thoughts of harming yourself or someone else, call 911 or go immediately to the nearest hospital emergency room for an evaluation.

To score your answers: Each "Not at all" answer has value of zero. Each "Several days" answer has a value of one. Each "More than half the days" answer has a value of two. Each "Nearly every day" answer has a value of three. **Total all your answer scores to determine your screening result.**

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

Circle your answers then add column totals below.

	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 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 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	0	1	2	3

Add column totals

+

+

TOTAL

(Healthcare professional: For interpretation of TOTAL, please refer to page three of this form).

10 If you checked off any 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?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
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UNDERSTANDING YOUR RESULTS

If your screening result is between 0 and 4

Your screening results indicate that you have few or no symptoms of depression.

If your screening result is 5-9

Your screening results indicate that you have few or minimal symptoms of depression.

If your screening result is between 10 and 14

Your screening results are consistent with some symptoms of depression. **You may want to speak with a health care provider about whether you would benefit from specific treatment for depression.** Although many individuals cope well with symptoms like yours, effective treatments for depression are available to help reduce your symptoms and improve your quality of life. A mental health professional or your physician can advise you about whether you can benefit from treatment and describe different treatment alternatives.

If your screening result is 15 or more

Your screening results are consistent with several symptoms of depression. **You are advised to speak with a health care provider about whether you would benefit from specific treatment for depression.** Although many individuals cope well with symptoms like yours, effective treatments for depression are available to help reduce your symptoms and improve your quality of life. A mental health professional or your physician can advise you about whether you can benefit from treatment and describe different treatment alternatives.

Read this if you answered “Several days,” “More than half the days” or “Nearly every day” to Question 9

Your screening results indicate that you may be at risk for harming yourself or someone else. **Please call 911 or go immediately to the nearest hospital emergency room. You may also call the Suicide Hotline at 1-800-273-TALK (1-800-273-8255).**

This screening is not designed to provide a comprehensive assessment or diagnosis of depression. Only a qualified physician or mental health provider can provide a complete assessment and diagnosis of depression. Only a qualified physician or mental health professional can differentiate symptoms of depression from other medical conditions. Only a qualified physician or mental health provider can prescribe appropriate treatment for depression or other medical conditions.

PHYSICIAN SCORING INSTRUCTIONS

For Initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 circles in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 circles in the shaded section (one of which corresponds to Question #1 or #2) Consider Other

Consider Other Depressive Disorder

- if there are 2-4 circles in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

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 the circles by column. For every circle: 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 to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every circle

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

Interpretation of Total Score

TOTAL SCORE	DEPRESSION SEVERITY
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately Severe depression
20-27	Severe depression