

Patient Health Questionnaire (PHQ-9)

Member ID number:

Date:

Over the last two weeks, 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. Feeling tired or having little energy	□ 0	□ 1	□ 2	□ 3
4. Poor appetite or overeating	□ 0	□ 1	□ 2	□ 3
5. Feeling bad about yourself, that you are a failure, or that you have let yourself or your family down		□ 1	□ 2	□ 3
6. Trouble concentrating on things	□ 0	□ 1	□ 2	□ 3
7. 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 lately	□ 0	□ 1	□ 2	□ 3
8. Thoughts that you would be better off dead, or hurting yourself	□ 0	□ 1	□ 2	□ 3
	olumns	+	+	+
Healthcare professional: For interpretation of total, please refer to accompanying score card.				
	Total:			
If you checked off any problems, how difficult have these pro things at home, or get along with other people?	blems n	nade it for	you to work,	take care of
 Not difficult at all Somewhat difficult Very difficult 				

□ Extremely difficult

Patient Health Questionnaire score card

For initial diagnosis:

- Patient completes PHQ-9 Quick Depression Assessment.
- If there are at least four check marks (including questions 1 and 2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder:

• If there are at least five check marks (one which corresponds to questions 1 or 2)

Consider Other Depressive Disorder:

• If there are two to four check marks (one which corresponds to question 1 or 2)

Note: Since the questionnaire relies on patient self-report, all responses should be clarified by a clinician, and a definitive diagnosis is made on clinical grounds considering 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 an 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), 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:

- Patients may complete questionnaires as a baseline and at regular intervals (such as every two weeks) at home and bring them in at their next appointment for scoring. Or they may complete the questionnaire during each scheduled appointment.
- Add up the check marks by column. For every mark: Several days = 1; More than half the days = 2; Nearly every day = 3.
- Add together column scores to get a total score.
- Refer to the accompanying *PHQ-9 Scoring Box* below to interpret the total score.
- 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 the *PHQ-9* and determine severity based on the *PHQ-9 Scoring Box*.

Total score	Depression severity		
1 to 4	Minimal depression		
5 to 9	Mild depression		
10 to 14	Moderate depression		
15 to 19	Moderately severe depression		
20 to 27	Severe depression		

PHQ-9 Scoring Box: Interpretation of total score