Patient Health Questionnaire (PHQ-9)

Name:	Date: _	October 29th, 2018			
Over the last 2 weeks, how often have you been bothered by any of following problems?	fthe	Not at all	Several days	More than half the days	Nearly every day
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 watching television	ror	0	1	2	3
8. Moving or speaking so slowly that other people could have notic 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 yourse some way	elf in	0	1	2	3
For office coding: Tot	al Score	=	=		
				Total Sco	re
If you checked off any problems, how difficult have these problems made i or get along with other people?	·	·		_	s at home,
	ery difficu	ılt	Extrem	ely difficult	

How to Score the PHQ-9

Major depressive disorder (MDD) is suggested if:

- Of the 9 items, 5 or more are checked as at least 'more than half the days'
- Either item 1 or 2 is checked as at least 'more than half the days'

Other depressive syndrome is suggested if:

- Of the 9 items, between 2 to 4 are checked as at least 'more than half the days'
- Either item 1 or 2 is checked as at least 'more than half the days'

PHQ-9 scores can be used to plan and monitor treatment. To score the instrument, tally the numbers of all the checked responses under each heading (not at all=0, several days=1, more than half the days=2, and nearly every day=3). Add the numbers together to total the score on the bottom of the questionnaire. Interpret the score by using the guide listed below.

Guide for Interpreting PHQ-9 Scores			
Score	Depression Severity	Action	
0 - 4	None-minimal	Patient may not need depression treatment.	
5 - 9	Mild	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.	
10 - 14	Moderate	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.	
15 - 19	Moderately severe	Treat using antidepressants, psychotherapy or a combination of treatment.	
20 - 27	Severe	Treat using antidepressants with or without psychotherapy.	

Functional Health Assessment

The instrument also includes a functional health assessment. This asks the patient how emotional difficulties or problems impact work, life at home, or relationships with other people. Patient response of 'very difficult' or 'extremely difficult' suggest that the patient's functionality is impaired. After treatment begins, functional status and number score can be measured to assess patient improvement.

Note: Depression should not be diagnosed or excluded solely on the basis of a PHQ-9 score. A PHQ-9 score ≥ 10 has a sensitivity of 88% and a specificity of 88% for major depression.¹ Since the questionnaire relies on patient self-report, the practitioner should verify all responses. A definitive diagnosis is made taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Spitzer, Williams, Kroenke and colleagues, with an educational grant from Pfizer Inc. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at www.pfizer.com. Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Reference: Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. J Gen Intern Med. 2001;16(9):606-613.