**PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
| 1. Feeling down, depressed or hopeless | 0 | 1 | 2 | 3 |
| 1. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 1. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 1. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 1. Feeling bad about yourself- or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 1. Trouble concentrating on things, such as reading the newspaper or watching tv | 0 | 1 | 2 | 3 |
| 1. 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 |
| 1. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING \_\_\_ + \_\_\_ + \_\_\_ + \_\_\_\_

= Total Score: \_\_\_\_

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  □ |

PHQ-9 Questionnaire for Depression Scoring and Interpretation Guide

For Physician use only

Scoring:

Count the number (#) of boxes checked in a column, multiply that number by the value indicated below, then add rhe subtotal to produce a total score. The possible range is 0-27. Use the table below to interpret the PHQ-9 score.

Not at all (#) \_\_\_\_ x 0= \_\_\_\_\_

Several days (#) \_\_\_\_ x 1= \_\_\_\_\_

More than half the days (#) \_\_\_\_ x 2= \_\_\_\_\_

Nearly every day (#) \_\_\_\_ x 3= \_\_\_\_\_

**Total score:**  \_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Interpreting PHQ-9 Scores** |  |  | **Actions Based on PHQ-9 Score** |
|  |  | **Score** | **Action** |
| Minimal depression | 0-4 | <4 | The score suggests the patient may not need depression treatment |
| Mild depression | 5-9 |  |  |
| Moderate depression | 10-14 | >5-14 | Physician uses clinical judgment about treatment, based on patient’s duration of symptoms and functional impairment |
| Severe depression | 20-27 |  |  |
|  |  | >15 | Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination treatment. |