## Patient Health Questionnaire (PHQ-9)

Patient name: _____ Date: _____

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

| | Not at all (0) | Several days (1) | More than half the days (2) | Nearly every day (3) |
|---|---|---|---|---|
| a. Little interest or pleasure in doing things. | ❒ | ❒ | ❒ | ❒ |
| b. Feeling down, depressed, or hopeless. | ❒ | ❒ | ❒ | ❒ |
| c. Trouble falling/staying asleep, sleeping too much. | ❒ | ❒ | ❒ | ❒ |
| d. Feeling tired or having little energy. | ❒ | ❒ | ❒ | ❒ |
| e. Poor appetite or overeating. | ❒ | ❒ | ❒ | ❒ |
| f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down. | ❒ | ❒ | ❒ | ❒ |
| g. Trouble concentrating on things, such as reading the newspaper or watching TV. | ❒ | ❒ | ❒ | ❒ |
| h. 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 more than usual. | ❒ | ❒ | ❒ | ❒ |
| i. Thoughts that you would be better off dead or of hurting yourself in some way. | ❒ | ❒ | ❒ | ❒ |

2. If you checked off any problem on this questionnaire so far, 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

**TOTAL SCORE** _____

PHQ9 Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.
PRIME-MD ® is a trademark of Pfizer Inc.

**Instructions – How to Score the PHQ-9**

**Major depressive disorder is suggested if:**

- Of the 9 items, 5 or more are checked as at least 'more than half the days'
- Either item a. or b. is positive, that is, at least 'more than half the days'

**Other depressive syndrome is suggested if:**

- Of the 9 items, a., b. or c. is checked as at least 'more than half the days'
- Either item a. or b. is positive, that is, at least 'more than half the days'

Also, PHQ-9 scores can be used to plan and monitor treatment. To score the instrument, tally each response by the number value under the answer headings, (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 | Recommended Actions |
|---|---|
| 0-4 | Normal range or full remission. The score suggests the patient may not need depression treatment. |
| 5-9 | Minimal depressive symptoms. Support, educate, call if worse, return in 1 month. |
| 10-14 | Major depression, mild severity. Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment. Treat with antidepressant or psychotherapy. |
| 15-19 | Major depression, moderate severity. Warrants treatment for depression, using antidepressant, psychotherapy or a combination of treatment. |
| 20 or higher | Major depression, severe severity. Warrants treatment with antidepressant and psychotherapy, especially if not improved on monotherapy; follow frequently. |

**Functional Health Assessment**

The instrument also includes a functional health assessment. This asks the patient how emotional difficulties or problems impact work, things at home, or relationships with other people. Patient responses can be one of four: Not difficult at all, Somewhat difficult, Very difficult, Extremely difficult. The last two responses suggest that the patient's functionality is impaired. After treatment begins, functional status and number score can be measured to assess patient improvement.

For more information on using the PHQ-9, visit www.depression-primarycare.org