

Name:

Date:

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

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

1. Little interest or pleasure in doing things

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

2. Feeling down, depressed, or hopeless

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

4. Feeling tired or having little energy

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

5. Poor appetite or overeating

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

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

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

9. Thoughts that you would be better off dead, or of hurt yourself in some way

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

(Healthcare professional: For interpretation of TOTAL,
Please refer to accompanying scoring card.)

PHQ9 Score:

10. If you choose 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

Depression Screening Result:

- ☐ Positive
- ☐ Negative

Using PHQ-9 Diagnosis and Score for Initial Treatment Selection

A depression diagnosis that warrants treatment or treatment change, needs at least one of the first two questions endorsed as positive (*little pleasure, feeling depressed*) indicating the symptom has been present more than half the time in the past two weeks.

In addition, the tenth question about difficulty at work or home or getting along with others should be answered at least "somewhat difficult".

When a depression diagnosis has been made, patient preferences should be considered, especially when choosing between treatment recommendations of antidepressant treatment and psychotherapy.

PHQ-9 Score

0-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression