



PHQ-9

Patient Health Questionnaire (PHQ-9)

Date _____

Name _____

Consumer Number _____

Date of Birth _____

CONFIDENTIAL

Do not release without specific authorization for release of mental health information.

This chart cannot be disclosed without a written consent of the person to whom it pertains or is otherwise permitted by such regulation (Uniform Health Information Act Title 70.02)

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)
1. Little interest or pleasure in doing things.				
2. Feeling down, depressed, or hopeless.				
3. Trouble falling or staying asleep, or sleeping too much.				
4. Feeling tired or having little energy.				
5. Poor appetite or overeating.				
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.				
7. Trouble concentrating on things, such as reading the newspaper or watching television.				
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.				
9. Thoughts that you would be better off dead or of hurting yourself in some way.				
Please subtotal each column.				
Then add columns 1, 2, & 3 for <i>Total Score = _____ / 27</i>				

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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



SCORING THE PHQ-9

Depression Severity

<u>PHQ-9 Score</u>	<u>Depression Severity Category</u>
20 – 27	Severe
15 – 19	Moderately severe
10 – 14	Moderate
5 – 9	Mild (or good treatment response)
0 – 4	None (or remission)

Diagnostic Criteria for Depression

- Major Depression
 - 5 or more symptoms need to be scored as ≥ 2 with at least one of the symptoms a cardinal symptom of depressed mood or lack of pleasure and activities
 - Total score of ≥ 10
 - At least 5 symptoms
 - For the past 2 weeks
- Minor Depression
 - Score of 2 or 3 (shaded areas) for EITHER of first two questions **AND**
 - 2-4 symptoms total with a score of 2 or 3 (shaded areas)
 - For the past 2 weeks