

# Appendix 8.1

## PHQ-9\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Over the last two weeks, how often have you been bothered by any of the following problems?  
(Use “✓” to indicate your answer)

	Not at all (0)	Several days (1)	More than half of 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				
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				

Add columns: 

--	--	--

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

TOTAL: 

--

10. If you checked off *any problems*, how *difficult* have these problems made it for you to your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_  
Somewhat difficult \_\_\_\_\_  
Very difficult \_\_\_\_\_  
Extremely difficult \_\_\_\_\_

\* May be printed without permission. Available in the public domain.

Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. Journal of General Internal Medicine. 2001;16(9):606-613.

## **How to Score the PHQ-9**

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 √s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

### ***Consider Major Depressive Disorder***

If there are at least 5 √s in the shaded section (one of which corresponds to Question #1 or #2).

### ***Consider Other Depressive Disorder***

If there are 2-4 √s in the shaded section (one of which corresponds to Question #1 or #2).

Note: Given that the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

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**

<b>Score</b>	<b>Action</b>
0 - 4	The score suggests the patient may not need depression treatment.
5 - 14	Mild major depressive disorder. Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
15 - 19	Moderate major depressive disorder. Warrants treatment for depression, using antidepressant, psychotherapy or a combination of treatment.
20 or higher	Severe major depressive disorder. Warrants treatment with antidepressant, with or without psychotherapy, 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 improvements.

\* May be printed without permission. Available in the public domain.

Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. Journal of General Internal Medicine. 2001;16(9):606-613.