

## **PATIENT HEALTH QUESTIONNAIRE (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
Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
<ol> <li>Feeling bad about yourself – or that you are a failure or have let yourself or your family down</li> </ol>	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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
<ol><li>Thoughts that you would be better off dead or of hurting yourself in some way</li></ol>	0	1	2	3
For office coding: Total Score	=	=	+	+
			Total Scor	e
If you checked off any problems, how difficult have these problems made it for you or get along with other people?	to do your	work, take o	are of thing	s at home,
☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult				



## How to Score the PHQ-9

## Major depressive disorder (MDD) is suggested if:

- · Of the 9 items, 5 or more are checked as at least 'more than half the days'
- Either item 1 or 2 is checked as at least 'more than half the days'

## Other depressive syndrome is suggested if:

- Of the 9 items, between 2 to 4 are checked as at least 'more than half the days'
- Either item 1 or 2 is checked as at least 'more than half the days'

PHQ-9 scores can be used to plan and monitor treatment. To score the instrument, tally the numbers of all the checked responses under each heading (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	Depression Severity	Action	
0 - 4	None-minimal	Patient may not need depression treatment.	
5-9	Mild	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.	
10 - 14	Moderate	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.	
15 - 19	Moderately severe	Treat using antidepressants, psychotherapy or a combination of treatment.	
20 - 27	Severe	Treat using antidepressants with or without psychotherapy.	

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