

PATIENT QUESTIONNAIRE – PHQ-9

Patient Name: _____ **MRN** _____

Physician: _____ **Date:** _____

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling/staying asleep, sleep too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	_____	_____	_____

<p>A. 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?</p> <p style="text-align: center;"> <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult </p> <p>B. In the past two years have you felt depressed or sad most days, even if you felt okay sometimes?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

Symptoms _____

Severity Score _____

PHQ-9 Scoring and Interpretation

Total Symptoms: Total the number of boxes checked in the last 2 columns (“More than half the days” and “Nearly every day”)

Severity Score: Total the number of POINTS in the last 3 columns; used to rate severity and measure progress

Functional Impairment is indicated if question A is answered at least “Somewhat difficult”

Mood disturbance is indicated if question 1 is answered at least “Somewhat difficult”

Anhedonia (loss of pleasure) is indicated if question 2 is answered at least “Somewhat difficult”

PHQ-9	Provisional Diagnosis	Treatment Recommendations														
<p>≤ 4 Symptoms Questions 1 and 2 negative Question A negative</p>	<p>Other</p>	<ul style="list-style-type: none"> • Reassurance &/or supportive counseling • Reassess if no improvement or condition worsens 														
<p>≤ 4 Symptoms Question 1 or 2 positive Question A positive</p>	<p>MINOR DEPRESSION</p> <p>311</p>	<ul style="list-style-type: none"> • Watchful waiting • Supportive counseling • If no improvement after 4+ weeks, use antidepressant or brief psychotherapy 														
<p>3 – 4 Symptoms Question 2 positive Question B positive</p>	<p>CHRONIC DEPRESSION (Probable Dysthymia)</p> <p>300.4</p>	<ul style="list-style-type: none"> • Antidepressant and/or psychotherapy 														
<p>≥ 5 Symptoms Question 1 or 2 positive Question A positive</p>	<p>MAJOR DEPRESSION</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Total Score</u></td> <td style="text-align: center;"><u>Severity</u></td> </tr> <tr> <td style="text-align: center;">15 – 19</td> <td style="text-align: center;">Moderate</td> </tr> <tr> <td style="text-align: center;">Single episode</td> <td style="text-align: center;">296.22</td> </tr> <tr> <td style="text-align: center;">Recurrent</td> <td style="text-align: center;">296.32</td> </tr> <tr> <td style="text-align: center;">≥ 20</td> <td style="text-align: center;">Severe</td> </tr> <tr> <td style="text-align: center;">Single Episode</td> <td style="text-align: center;">296.23</td> </tr> <tr> <td style="text-align: center;">Recurrent</td> <td style="text-align: center;">296.33</td> </tr> </table>	<u>Total Score</u>	<u>Severity</u>	15 – 19	Moderate	Single episode	296.22	Recurrent	296.32	≥ 20	Severe	Single Episode	296.23	Recurrent	296.33	<p>Moderate: Antidepressant and/or psychotherapy (patient preference)</p> <p>Severe: Antidepressant alone or in combination w/ psychotherapy</p>
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