

Patient Health Questionnaire (PHQ-9)

Over the <i>last 2 weeks</i> , 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
1. 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
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
	Add columns			
	Total Score			
10. If you checked off <i>any</i> problems, how <i>difficult</i> 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

When did the symptoms begin? _____

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Description:

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.

Scoring and Interpretation:

PHQ-9 Score	Provisional Diagnosis
0-4	None
5-9	Minimal Symptoms*
10-14	Minor depression++ Dysthymia* Major depression, mild
15-19	Major depression, moderately severe
20+	Major depression, severe

* If symptoms present \geq two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask, "In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?").

++ If symptoms present \geq one month or severe functional impairment, consider active treatment.

References:

- Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. Journal of general internal medicine. Sep 2001;16(9):606-613. PMID: 11556941
- MacArthur Foundation Initiative on Depression and Primary Care. Available at: <http://www.depression-primarycare.org> Accessed March 15, 2012.