

PATIENT DEPRESSION QUESTIONNAIRE (PHQ-9)

Patient Name: _____ Chart: _____ Date: _____

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
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/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 you 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

_____ + _____ + _____ + _____

= Total Score: _____

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

Interpreting PHQ-9 Scores		Actions Based on PHQ-9 Score	
		Score	Action
Minimal Depression	0-4	<4	Score suggests patient may not need depression treatment
Mild Depression	5-9		Physician uses clinical judgement about treatment, based on patient's duration of symptoms and functional impairment
Moderate Depression	10-14	>5-14	
Moderately Severe Depression	15-19		Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment
Severe Depression	20-27	>15	