

<b>PATIENT HEALTH QUESTIONNAIRE - 9</b>				
<i>Comments:</i>				
Over the <u>last 2 weeks</u> , 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
		<div style="text-align: right;">           0   +   _____   +   _____   +   _____   +   _____            = Total Score: _____         </div>		
<p><b>If you checked off <u>any</u> 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?</b></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <b>Not difficult at all</b>  <input type="checkbox"/> </div> <div style="text-align: center;"> <b>Somewhat difficult</b>  <input type="checkbox"/> </div> <div style="text-align: center;"> <b>Very difficult</b>  <input type="checkbox"/> </div> <div style="text-align: center;"> <b>Extremely difficult</b>  <input type="checkbox"/> </div> </div>				
Developed by Drs. Robert L. Spitzer, Janet B. W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. <span style="float: right;">EPI0905.PHQ9P</span>				
Patient's name:			Date:	

## INSTRUCTIONS FOR USE

*for doctor or healthcare professional use only*

### PHQ-9 QUICK DEPRESSION ASSESSMENT

#### For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the two right columns (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. **Consider Major Depressive Disorder**
  - if there are at least 5 ✓s in the two right columns (one of which corresponds to Question #1 or #2).

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

- if there are 2 to 4 ✓s in the two right columns (one of which corresponds to Question #1 or #2).

Note: Since 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 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.

#### To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓:  
“Several days” = 1      “More than half the days” = 2      “Nearly every day” = 3
3. Add together column scores to get a TOTAL score.
4. Refer to accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients’ files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

### PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

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#### **Scoring—add up all checked boxes on PHQ-9**

For every ✓: Not at all = 0; Several days = 1;  
More than half the days = 2; Nearly every day = 3

#### **Interpretation of Total Score**

Total Score	Depression Severity
0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately severe
20-27	Severe