

Patient Health Questionnaire (PHQ-9)

Patient's Name:		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				
3.	Trouble falling or staying asleep, or sleeping too much				
4.	Feeling tired or having little energy				
5.	Poor appetite or overeating				
6.	Feeling bad about yourself - or that you are a failure and have let yourself or your family down				
7.	Trouble concentrating on things, such as reading the newspaper or watching television				
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				
9.	Thoughts that you would be better off dead, or of hurting yourself in some way				
<i>Add Columns:</i>					
TOTAL:					

10.	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 <input type="checkbox"/>
		Somewhat difficult <input type="checkbox"/>
		Very difficult <input type="checkbox"/>
		Extremely difficult <input type="checkbox"/>

INTERPRETATION			
PHQ-9 Score	Level of Risk	Provisional Diagnosis	Treatment Recommendation
5-9	Low	Minimal Symptoms	Support, educate to call if worse; return in 1 month
10-14	Moderate	Minor depression++	Support, watchful waiting
		Dysthymia	Antidepressant or psychotherapy
		Major depression, mild	Antidepressant or psychotherapy
15-19	High	Major depression, moderately severe	Antidepressant or psychotherapy
≥ 20	Severe	Major depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)