

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	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:

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 _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

PATIENT HEALTH QUESTIONNAIRE PHQ-9 FOR DEPRESSION

USING PHQ-9 DIAGNOSIS AND SCORE FOR INITIAL TREATMENT SELECTION

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.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation
5-9	Minimal symptoms*	Support, educate to call if worse; return in 1 month.
10-14	Minor depression ††	Support, watchful waiting
	Dysthymia*	Antidepressant or psychotherapy
	Major depression, <i>mild</i>	Antidepressant or psychotherapy
15-19	Major depression, <i>moderately severe</i>	Antidepressant or psychotherapy
≥ 20	Major depression, <i>severe</i>	Antidepressant <u>and</u> psychotherapy (especially if not improved on monotherapy)

* If symptoms present ≥ two years, then probable chronic depression which warrants antidepressant 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 ≥ one month or severe functional impairment, consider active treatment.

USING THE PHQ-9 TO ASSESS PATIENT RESPONSE TO TREATMENT

- The goal of acute phase treatment is remission of symptoms as indicated by a PHQ-9 Score of < 5 points.
- Patients who achieve this goal enter into the continuation phase of treatment.
- Patients who do not achieve this goal remain in acute phase treatment and require some alteration in treatment (dose increase, augmentation, combination treatment).
- Patients who do not achieve remission after two adequate trials of antidepressant and/or psychological counseling or by 20 to 30 weeks would benefit from a formal or informal psychiatric consultation for diagnostic and management suggestions.

Initial Response after Four - Six weeks of an Adequate Dose of an Antidepressant		
PHQ-9 Score	Treatment Response	Treatment Plan
Drop of ≥ 5 points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Often warrants an increase in antidepressant dose
Drop of 1-point or no change or increase.	Inadequate	Increase dose; Augmentation; Switch; Informal or formal psychiatric consultation; Add psychological counseling
Initial Response to Psychological Counseling after Three Sessions over Four - Six weeks		
PHQ-9 Score	Treatment Response	Treatment Plan
Drop of ≥ 5 points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Possibly no treatment change needed. Share PHQ-9 with psychological counselor.
Drop of 1-point or no change or increase.	Inadequate	If depression-specific psychological counseling (CBT, PST, IPT*) discuss with therapist, consider adding antidepressant. For patients satisfied in other type of psychological counseling, consider starting antidepressant For patients dissatisfied in other psychological counseling, review treatment options and preferences

* CBT – Cognitive-Behavioral Therapy; PST – Problem Solving Treatment; IPT – Interpersonal Therapy

Use of the PHQ-9 to Make a Tentative Depression Diagnosis (Symptomatology & Functional Impairment)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

STEP 1:
Need one or both questions endorsed as "2" or "3" ("More than half the days" or "Nearly every day")

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
STEP 2: Need a total of five or more boxes endorsed <u>within the shaded areas</u> of the form to arrive at the total SYMPTOM COUNT.		1	2	3	
		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 of hurting yourself		1	2	3

STEP 3:
FUNCTIONAL IMPAIRMENT is endorsed as "somewhat difficult" or greater.

TOTAL SYMPTOMS endorsed more than half the days (except question 9 - any positive endorsement)

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 _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____
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Use of the PHQ-9 for Treatment Selection & Monitoring
(Determining a Severity Score)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

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 or staying asleep, or sleeping too much	0	1	2	3
STEP 1: Count each item in the column labeled "Several Days" and multiply by one. Enter that number below that column.			1	2	3
STEP 2: Count each item in the column labeled "More than half the days" and multiply by two. Enter that number below that column.			1	2	3
STEP 3: Count each item in the column labeled "Nearly every day" and multiply by three. Enter that number below that column.			1	2	3
STEP 4: Add the totals for each of the three columns together. This is the SEVERITY SCORE.			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

STEP 4: Add the totals for each of the three columns together. Enter the TOTAL. This is the SEVERITY SCORE.	Columns: <input type="text"/> <input type="text"/> <input type="text"/>
	TOTAL: <input type="text"/>

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 _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____
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