

# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Using the PHQ-9 to determine  
Diagnosis and Symptom Severity

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/staying asleep, 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: \_\_\_\_\_

If you checked off <u>any</u> problem on this questionnaire so far, how <u>difficult</u> 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 _____

## STEP 1 - DIAGNOSIS

Is question #1 or #2 scored at a level of 2 or 3?

### YES

This person meets diagnostic criteria for depression.  
Continue to step 2.

### NO

This person does NOT meet the diagnostic criteria for depression.  
Consider other diagnoses to explain his/her symptoms.

## STEP 2 - SYMPTOM SEVERITY\*

Add all scores for questions #1-#9.

- 0 - 4 No depression
- 5 - 9 Minimal Symptoms
- 10 - 14 Mild Symptoms
- 15 - 19 Moderate Symptoms
- 20 or more Severe Symptoms

\*See "Guideline for Using the PHQ-9 for Initial Management"

## Recommended Frequency of Administering PHQ-9:

- Monthly until remission or for first 6 months after diagnosis.
- At least quarterly while on active treatment.
- At least annually after that.

### Guideline for Using the PHQ-9 for Initial Management

Score/ Symptom Level	Treatment <sup>1</sup>
0-4 No depression	Consider other diagnoses
5-9 Minimal	<ul style="list-style-type: none"> <li>▪ Consider other diagnoses</li> <li>▪ If diagnosis is depression, watchful waiting<sup>2</sup> is appropriate initial management</li> </ul>
10-14 Mild	<ul style="list-style-type: none"> <li>▪ Consider watchful waiting</li> <li>▪ If active treatment is needed, medication or psychotherapy is equally effective</li> </ul>
15-19 Moderate	<ul style="list-style-type: none"> <li>▪ Active treatment with medication or psychotherapy is recommended</li> <li>▪ Medication or psychotherapy is equally effective</li> </ul>
20-27 Severe	<ul style="list-style-type: none"> <li>▪ Medication treatment is recommended</li> <li>▪ For many people, psychotherapy is useful as an additional treatment</li> <li>▪ People with severe symptoms often benefit from consultation with a psychiatrist<sup>3</sup></li> </ul>

**NOTES:**

<sup>1</sup> Self-management activities are recommended for all patients diagnosed with depression. See Guide to Self-management and Self-Care Action Plan.

<sup>2</sup> Watchful waiting means that you are actively following a person with a PHQ-9 once a month, but not actively treating his/her depression. People on watchful waiting benefit from self-care activities. People with persistent symptoms after 2-3 months need active treatment.

<sup>3</sup> Formal referral to specialty mental health care is recommended for the following groups of patients:

- Those with persistent scores above 20, especially with any suicidal risk.
- Those who appear to have psychiatric co-morbidities such as panic disorder, PTSD or active substance abuse.
- Those for whom there is concern about possible bipolar disorder.
- Those with a history of psychiatric hospitalization.

**For more information and tools go to:**

[http://www.mainehealth.org/mh\\_professional/depressiondefault.htm](http://www.mainehealth.org/mh_professional/depressiondefault.htm)

### Using the PHQ-9 to assess response to treatment

#### First 3 months

PHQ-9 Change from last score, measured monthly	Treatment Response	Treatment Plan
Drop of 5 or more points each month	Good	<b>Antidepressant &amp;/or Psychotherapy</b> No treatment change needed. Care Manager follow-up in 4 weeks.
Drop of 2-4 points each month	Fair	<b>Antidepressant:</b> May warrant an increase in dose.
		<b>Psychotherapy:</b> Probably no treatment change needed. Share PHQ-9 with psychotherapist.
Drop of 1 point, no change or increase each month	Poor	<b>Antidepressant:</b> Increase dose or augment or switch; informal or formal psychiatric consult; add psychotherapy.
		<b>Psychotherapy:</b> <ol style="list-style-type: none"> <li>1. If depression-specific psychotherapy (CBT, PST, IPT) discuss with supervising psychiatrist, consider adding antidepressant.</li> <li>2. For patients satisfied in other psychotherapy consider adding antidepressant.</li> <li>3. For patients dissatisfied in other psychotherapy, review treatment options and preferences.</li> </ol>

#### Using the PHQ after the first 3 months

PHQ-9	Treatment Response	Treatment Plan
Less than 5	Remission	Continue treatment for 6-12 months, then consider long term maintenance if appropriate
Lower than 50% of baseline score	Clinically significant improvement	Modify treatment to reach remission, as per 'Poor response' above.
Other than above	Persistent symptoms	As per 'Poor' above