

## The Patient Health Questionnaire (PHQ-9) - Overview

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression:

The PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool.

The tool rates the frequency of the symptoms which factors into the scoring severity index.

Question 9 on the PHQ-9 screens for the presence and duration of suicide ideation. A follow up, non-scored question on the PHQ-9 screens and assigns weight to the degree to which depressive problems have affected the patient's level of function.

### Clinical Utility

The PHQ-9 is brief and useful in clinical practice. The PHQ-9 is completed by the patient in minutes and is rapidly scored by the clinician. The PHQ-9 can also be administered repeatedly, which can reflect improvement or worsening of depression in response to treatment.

### Scoring

See PHQ-9 Scoring on next page.

### Psychometric Properties

The diagnostic validity of the PHQ-9 was established in studies involving 8 primary care and 7 obstetrical clinics.

PHQ scores  $\geq 10$  had a sensitivity of 88% and a specificity of 88% for major depression.

PHQ-9 scores of 5, 10, 15, and 20 represents mild, moderate, moderately severe and severe depression.<sup>1</sup>

1. Koenke K, Siu AL, Williams W. The PHQ-9: Validity of a brief depression severity measure. *JGIM*, 2001, 16:606-616

## The Patient Health Questionnaire (PHQ-9) Scoring

**U** **PHQ-9** **Ma** **aT** **a** **D** **Da** **Da** **:**

The clinician who holds the historical case of depression, normal behavior and a history of a manic/hypomanic episode

Step 1: Questions 1 and 2

## The Patient Health Questionnaire (PHQ-9)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Over the past 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 asleep, 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're 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

Column Totals \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Add Totals Together \_\_\_\_\_

10. If you checked off any problems, how difficult have those 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