

PHQ-9 — Nine Symptom Checklist

Patient Name _____ **Date** _____

1. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

a. Little interest or pleasure in doing things

Not at all **Several days** **More than half the days** **Nearly every day**

b. Feeling down, depressed, or hopeless

Not at all **Several days** **More than half the days** **Nearly every day**

c. Trouble falling asleep, staying asleep, or sleeping too much

Not at all **Several days** **More than half the days** **Nearly every day**

d. Feeling tired or having little energy

Not at all **Several days** **More than half the days** **Nearly every day**

e. Poor appetite or overeating

Not at all **Several days** **More than half the days** **Nearly every day**

f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down

Not at all **Several days** **More than half the days** **Nearly every day**

g. Trouble concentrating on things such as reading the newspaper or watching television

Not at all **Several days** **More than half the days** **Nearly every day**

h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual

Not at all **Several days** **More than half the days** **Nearly every day**

i. Thinking that you would be better off dead or that you want to hurt yourself in some way

Not at all **Several days** **More than half the days** **Nearly every day**

2. If you checked off any problem on this questionnaire so far, 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 — Scoring Tally Sheet

This is the only sheet to be filled in. It is filled in by the patient or with help from a carer or nurse

Patient ~~Name~~ ID _____ Date _____

6 months

1. Over the last ~~2 weeks~~, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
a. Little interest or pleasure in doing things				
b. Feeling down, depressed, or hopeless				
c. Trouble falling asleep, staying asleep, or sleeping too much				
d. Feeling tired or having little energy				
e. Poor appetite or overeating				
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down				
g. Trouble concentrating on things such as reading the newspaper or watching television				
h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual				
i. Thinking that you would be better off dead or that you want to hurt yourself in some way				
Totals				

2. If you checked off any problem on this questionnaire so far, 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 0	Somewhat Difficult 1	Very Difficult 2	Extremely Difficult 3

How to Score PHQ-9

Scoring Method For Diagnosis

Major Depressive Syndrome is suggested if:

- Of the 9 items, 5 or more are circled as at least "More than half the days"
- Either item 1a or 1b is positive, that is, at least "More than half the days"

Minor Depressive Syndrome is suggested if:

- Of the 9 items, b, c, or d are circled as at least "More than half the days"
- Either item 1a or 1b is positive, that is, at least "More than half the days"

Scoring Method For Planning And Monitoring Treatment

Question One

- To score the first question, tally each response by the number value of each response:

Not at all = 0

Several days = 1

More than half the days = 2

Nearly every day = 3

- Add the numbers together to total the score.
- Interpret the score by using the guide listed below:

Score	Action
≤ 4	The score suggests the patient may not need depression treatment.
> 5-14	Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
≥ 15	Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment

Question Two

In question two the patient responses can be one of four: not difficult at all, somewhat difficult, very difficult, extremely difficult. The last two responses suggest that the patient's functionality is impaired. After treatment begins, the functional status is again measured to see if the patient is improving.