

## Severity Measure for Depression—Adult\*

\*Adapted from the Patient Health Questionnaire—9 (PHQ-9)

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Over the **last 7 days**, how often have you been bothered by any of the following problems? (Use “✓” to indicate your answer)

						Clinician Use
						Item score
		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	
<b>Total/Partial Raw Score:</b>						
<b>Prorated Total Raw Score: (if 1-2 items left unanswered)</b>						

Adapted from Patient Health Questionnaire—9 (PHQ-9) for research and evaluation purposes.

### Instructions to Clinicians

The Severity Measure for Depression—Adult (adapted from the Patient Health Questionnaire—9 [PHQ-9]) is a self-rated 9-item measure that assesses the severity of depressive symptoms in individuals age 18 and older. The measure is completed by the individual prior to a visit with the clinician. Each item asks the individual to rate the severity of his/her depression **during the last 7 days**.

### Scoring and Interpretation

Each item on the measure is rated on a 4-point scale (0=Not at all; 1=Several days; 2=More than half the days; and 3=Nearly every day). The total score can range from 0 to 27, with higher scores indicating greater severity of depression. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 9 items should be summed to obtain a total raw score and should be interpreted using the Interpretation Table for the PHQ-9 below:

**Interpretation Table for the PHQ-9**

Levels of depressive symptoms severity	PHQ-9 Score
None	0-4
Mild depression	5-9
Moderate depression	10-14
Moderately severe depression	15-19
Severe depression	20-27

**Note:** If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the individual should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of the items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the PHQ-9 (i.e., 9) and divide the value by the number of items that were actually answered (i.e., 7 or 8). The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{\text{(Raw sum x 9)}}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

### Frequency of Use

To track changes in the severity of the individual’s depression over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.