

North Texas Family Health
Patient Health Questionnaire (PHQ-9)

Patient Name: _____ Date: _____

| Over the Past Two (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 of Pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling Down, Depressed, or Hopeless | 0 | 1 | 2 | 3 |
| 3. Difficulty Falling Asleep, Staying Asleep, or Sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling Tired of having Little Energy | 0 | 1 | 2 | 3 |
| 5. Poor or Excessive Appetite | 0 | 1 | 2 | 3 |
| 6. Feeling Bad about Yourself, or that you are a Failure or have let yourself or others down | 0 | 1 | 2 | 3 |
| 7. Difficulty Concentrating on things such as Reading or Watching television | 0 | 1 | 2 | 3 |
| 8. Moving or Speaking Slowly that others could have noticed or the opposite - being fidgety or restless more so than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off Dead or of Hurting yourself in any way | 0 | 1 | 2 | 3 |

Column Totals: _____ + _____ + _____

Add Totals Together: = _____

| 10. If you checked any of the above problems, how difficult have those problems made it for you to: | Not Difficult at all | Somewhat Difficult | Very Difficult | Nearly Impossible |
|---|----------------------|--------------------|----------------|-------------------|
| A. Complete Work Responsibilities | | | | |
| B. Complete Home Responsibilities | | | | |
| C. Get Along with Other People | | | | |

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Final diagnosis should be made with clinical interview and mental status examination including assessment of patient's level of distress and functional impairment.

MANAGEMENT

PHQ-9 Management Summary

| Score | Depression severity | Comments |
|-------|---------------------|---|
| 0-4 | Minimal or none | Monitor; may not require treatment |
| 5-9 | Mild | Use clinical judgment (symptom duration, functional impairment) to determine necessity of treatment |
| 10-14 | Moderate | |
| 15-19 | Moderately severe | Warrants active treatment with psychotherapy, medications, or combination |
| 20-27 | Severe | |

CRITICAL ACTIONS

- Perform suicide risk assessment in patients who respond positively to item 9 "Thoughts that you would be better off dead or of hurting yourself in some way."
- Rule out bipolar disorder, normal bereavement, and medical disorders causing depression.

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