



# Administering the PHQ-9

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

### INSTRUCTIONS

To further evaluate patients with PHQ-2 scores of 1 or more, ask the patient to complete the questionnaire, or have a staff member (e.g., medical assistant) ask the patient the questions (see PHQ-9 questionnaire on the next page).

### SCOPE

To make a tentative depression diagnosis or for treatment selection and monitoring.

### SCORING

**Step 1:** A depressive diagnosis that warrants initiating or changing treatment requires that:

- > At least one of the first two questions was endorsed as positive (“more than one-half days” or “nearly every day”) in the past two weeks.
- > There is a positive response to question 9 (consider initiating a [zero suicide](#) treatment plan).
- > Question 10 about difficulty at work or home or getting along with others should be answered at least “somewhat difficult.”

**Step 2:** For columns 2 through 4, add the total points for each separately. Then, add the scores from the three columns to get a total score (or the severity score).

**Step 3:** Review your results using the table below.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation (patient preference)
0-4	None - minimal	None
5-9	Minimal symptoms	Support, educate to call if worse, return in one month
	Minor depression	Support, watchful waiting
10-14	Dysthymia (persistent, mild depression)	Antidepressant and/or psychotherapy
	Major depression, mild	Antidepressant and/or psychotherapy
15-19	Major depression, moderately severe	Antidepressant and/or psychotherapy
>20	Major depression, severe	Antidepressant AND psychotherapy (especially if not improved on monotherapy)



## Administering the PHQ-9, Continued

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than one-half of 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 of 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
If you checked off any of the problems listed above, 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?		<input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult		