



Positive Aging Resource Center

**PHQ- 9**

**PATIENT HEALTH QUESTIONNAIRE- SHORT FORM**

<b>1. Over the last 2 weeks, how often have you been bothered by any of The following problems?</b>				
	Not at all (0)	Several days (1)	More than half the time (2)	Nearly every day (3)
a. Little interest or pleasure in doing usual activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating; e.g., difficulty with reading the newspaper or watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite: being so fidgety or restless that you has been moving around more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. If you checked off any problems 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?</b>				
Not difficult at all (0) <input type="checkbox"/> Somewhat difficult (1) <input type="checkbox"/> Very difficult (2) <input type="checkbox"/> Extremely difficult (3) <input type="checkbox"/>				

## SCORING

### How to Score the Patient Health Questionnaire (PHQ)

- **Major depressive disorder is suggested if:**
  - Of the nine items, five or more are checked as at least "more than half the days"
  - Either item a. or b. is positive; that is, at least "more than half the days"
- **Other depressive syndrome is suggested if:**
  - Of the nine items, a., b., or c. are checked as at least "more than half the days"
  - Either item a. or b. is positive; that is, at least "more than half the days"

### Scoring the PHQ-9

#### Scoring – add up all checked boxes on PHQ-9

For every box checked:

**Not at all = 0**

**Several days = 1**

**More than half the days = 2**

**Nearly every day = 3**

### Guide for Interpreting PHQ Scores

<b>Score</b>	<b>Action</b>
0–4	Suggests the patient may not need depression treatment
5–14	Mild major depressive disorder. Physician uses clinical judgment about treatment based on patient's duration of symptoms and functional impairment.
15–19	Moderate-major depressive disorder. Warrants treatment for depression using antidepressant, psychotherapy, or a combination of treatment.
20+	Severe major depressive disorders. Warrants treatment with antidepressant, with or without psychotherapy; follow frequently.

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Kroenke K, Spitzer, RL, Williams JB. The PHQ-9: Validity of a Brief Depression Severity Measure. *Journal of General Internal Medicine*. 2001. 16: 606-613.