

The Patient Health Questionnaire (PHQ-9)

Patient Name _____

NHS Number _____

Date _____

Over the past 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
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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, 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
Column Totals				
Add Totals Together				

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation <i>Patient preferences should be considered</i>
5 - 9	Minimal symptoms	Support, educate to call if worse, return in one month
10 – 14	Minor depression	Support, watchful waiting
	Dysthymia	Antidepressant or psychotherapy
	Major depression, mild	Antidepressant or psychotherapy
15 – 19	Major depression, moderately severe	Antidepressant or psychotherapy
> 20	Major depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)