

APPENDIX C

Patient Health Questionnaire (PHQ-9)

Overview:

Description:	The Patient Health Questionnaire (PHQ-9) is a 9-item self-administered tool for screening, diagnosing, monitoring, and measuring the severity of depression.												
Reference and Terms of Use:	<p>Reference: Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.</p> <p>Terms of Use: No permission required to reproduce, translate, display or distribute.</p>												
Guidelines for use within OSP:	<p>Administer with client at assessment and at EVERY treatment session.</p> <p>Caseness* cut-off is a score of ≥ 10.</p> <p><i>*Caseness cutoff is defined as a score above which would indicate a clinical case (i.e. the score above which to consider the use of the specific problem descriptor).</i></p>												
Scoring Instructions:	<p>Add the values for each column, and then add the sum for each column to get the total score.</p> <p>Guide for Interpreting PHQ-9 Scores:</p> <p>Major depressive disorder is suggested if:</p> <ul style="list-style-type: none"> • Of the 9 items, 5 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’ <p>Other depressive syndrome is suggested if:</p> <ul style="list-style-type: none"> • Of the 9 items, a., b. or c. is 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’ <table border="1" data-bbox="467 1446 1430 1738"> <thead> <tr> <th>Total Score</th> <th>Interpretation</th> </tr> </thead> <tbody> <tr> <td>0 – 4</td> <td>Normal range or full remission. The score suggests the patient may not need depression treatment.</td> </tr> <tr> <td>5 – 9</td> <td>Mild</td> </tr> <tr> <td>10 – 14</td> <td>Moderate</td> </tr> <tr> <td>15 – 19</td> <td>Moderately Severe</td> </tr> <tr> <td>≥ 20</td> <td>Severe</td> </tr> </tbody> </table>	Total Score	Interpretation	0 – 4	Normal range or full remission. The score suggests the patient may not need depression treatment.	5 – 9	Mild	10 – 14	Moderate	15 – 19	Moderately Severe	≥ 20	Severe
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1. Over the last two weeks how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things.	<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 on things, such as 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 have 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"/>

Total Score: _____

2. If you checked off any problem 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?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult