PHQ–9 – Psychological Health Questionnaire

Patient Name: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by the following problems?

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF 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 or 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 are 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

TOTAL Points: _____

SCORING: Add columns and total the numbers.
Read page 2 for proposed treatment action.

If you check off any problems, how <u>difficult</u> 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**

PHQ-9 SCORE	SEVERITY	PROPOSED TREATMENT ACTION
0 – 5	None	None
6 – 10	Mild	Watchful waiting, repeating at follow-up
11 – 15	Moderate	Consider CBT and pharmacotherapy
	Moderately Severe	Immediate initiation of pharmacotherapy and CBT
16 – 21	Severe	Initiation of pharmacotherapy and CBT. Consider specialist referral to psychiatrist