

Understanding the PHQ-9 (Screening Tool)

According to the United States Preventive Services Task Force, screening in primary care settings improves the accurate identification of patients with depression.¹ The Patient Health Questionnaire (PHQ-9) is one commonly used tool that healthcare professionals (HCPs) can administer to quickly and easily screen patients for depression.²⁻⁴ The questionnaire focuses on the 9 diagnostic criteria for depression taken from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*.^{5,6} These criteria can be used as an initial screening for a diagnosis of depression. This tool also helps to grade severity of the depression.^{5,6} An additional question at the end helps to assess overall functional impairment and quality of life.⁷ The PHQ-9 can be self-administered by a patient, or it can be administered to a patient by an HCP.⁷ **A definitive diagnosis should be made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Be sure to exclude the effects of a substance or medical condition that may better account for the symptoms.**

SYMPTOM CRITERIA FOR DEPRESSION

Indicates major depressive disorder (MDD) if either of the first 2 symptoms are present and ≥ 5 symptoms are present in total, each with a score of ≥ 2 (or ≥ 1 for item 9)^{5,6}

INITIAL ASSESSMENT OF FUNCTIONAL IMPAIRMENT

Correlates to functional status and quality of life^{6,7}

Patient Health Questionnaire (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer.)

	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

ADD COLUMNS 2 + 6 + 9

TOTAL 17

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

If you checked off any problems, 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	_____

MEASURES OF DEPRESSION SEVERITY

Rates severity of each depressive symptom. A symptom is considered to meet diagnostic criteria if a patient checks one of its highlighted gray boxes⁷

TOTAL SCORE

Rates overall severity of depression⁷

- 5 to 9 is mild
- 10 to 14 is moderate
- 15 to 19 is moderately severe
- ≥ 20 is severe

Example questionnaire.

Scoring the PHQ-9 (Screening Tool)

MDD should be considered if 5 or more of the depressive symptom criteria have been present at least “more than half the days” in the past 2 weeks, and at least 1 of those symptoms is “little interest” or “feeling down.”^{5,6} If suicidal thoughts are present at all, the symptom should be counted as 1 of the 5 symptoms regardless of duration.⁵ If a patient has suicidal thoughts, a thorough and ongoing evaluation is essential to assess the patient’s suicidal risk.⁴

As you can see with the example questionnaire on the reverse side, scoring the PHQ-9 is quick and easy. First, add the circled values in each column. Next, add the columns together for a total score. Using the table below, you can determine the severity of the patient’s depression.⁷

Total Scores and Depression Severity ⁷	
PHQ-9 Score	Depression Severity
1 to 4	None
5 to 9	Mild
10 to 14	Moderate
15 to 19	Moderately severe
20 to 27	Severe

Because this questionnaire relies on patient self-report, all responses should be verified by an HCP.⁵ A definitive diagnosis should be made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.^{5,6} Be sure to exclude the effects of a substance or medical condition that may better account for the symptoms.⁶

References: 1. US Preventive Services Task Force. Final recommendation statement – depression in adults: screening, December 2009. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening1>. Accessed October 20 2017. 2. Spitzer RL, Kroenke K, Williams JBW, and the Patient Health Questionnaire Study Group. Validity and utility of a self-report version of PRIME-MD: the PHQ Primary Care Study. *JAMA*. 1999;282(18):1737-1744. 3. Spitzer RL, Williams JBW, Kroenke K, et al. Validity and utility of the Patient Health Questionnaire in assessment of 3000 obstetric-gynecologic patients: the PRIME-MD Patient Health Questionnaire Obstetrics-Gynecology Study. *Am J Obstet Gynecol*. 2000;183(3):759-769. 4. Gelenberg AJ, Freeman MP, Markowitz JC, et al, for the Work Group on Major Depressive Disorder. *Practice Guideline for the Treatment of Patients With Major Depressive Disorder*. 3rd ed. Arlington, VA: American Psychiatric Publishing; 2010. 5. Kroenke K, Spitzer RL, Williams JBW. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med*. 2001;16(9):606-613. 6. American Psychiatric Association. Depressive disorders. In: *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. 5th ed. Arlington, VA: American Psychiatric Publishing; 2013:155-188. 7. Kroenke K, Spitzer RL. The PHQ-9: a new depression diagnostic and severity measure. *Psychiatr Ann*. 2002;32:9.

