

1. Over the last 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
	0	1	2	3
1. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHQ-2 Final Score		Total Score _____ /6		
3. Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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"/>

PHQ-9 Total Score

Total Score _____

2. If you have 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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

Reviewed by Signature

Major Depressive Syndrome is suggested if:

- Of the 9 items, 5 or more are checked as at least "More than half the days"
- Either #1 or #2 is positive, that is, at least "More than half the days"

Other Depressive Syndrome is suggested if:

- Of the 9 items, 2, 3, or 4 are checked as at least "More than half the days"
- Either #1 or #2 is positive, that is at least "More than half the days"

Also, PHQ-9 scores can be used to plan and monitor treatment. To score the instrument, tally each response by the number value under the answer headings, (not at all = 0; several days = 1; more than half the days = 2; and nearly every day = 3). Add the numbers together to total the score on the bottom of the questionnaire. Interpret the score by using the guide listed below:

Guide for interpreting PHQ-9 scores

Score	Action
[4	The score suggests the patient may not need depression treatment
μ 5-14	Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment
μ 15	Warrants treatment for depression, using antidepressants, psychotherapy and/or a combination of treatment.

Patient responses can be one of four: Not difficult at all, Somewhat difficult, Very difficult, Extremely difficult. The last two responses suggest that the patient's functionality is impaired. After treatment begins, functional status is again measured to see if the patient is improving.

DSM-IV TR Criteria

Must have a total of five symptoms for at least two weeks. One of the symptoms must be depressed mood or loss of interest.

1. Depressed mood
2. Markedly diminished interest or pleasure in all or almost all activities
3. Significant (5% body weight) weight loss or gain, or decrease or increase in appetite
4. Insomnia or hypersomnia
5. Pysxchomotor agitation or retardation
6. Fatigue or loss of energy
7. Feeling of worthlessness or inappropriate guilt
8. Diminished concentration or in decisiveness
9. Recurrent thoughts of death or suicide

Follow-up Appointments: 2 months (date) _____, 6 months (date) _____

Educational handout given

Major Depression Codes for Family Practice:

296.2X Patient newly diagnosed with depression

296.3X Follow-up for patient with depression

311 Do not use

FIFTH DIGITS

- 0- unspecified
- 1- mild
- 2- moderate
- 3- severe, without mention of psychotic behavior
- 4- severe, specified as with psychotic behavior
- 5- in partial or unspecified remission
- 6- in full remission

1/22/14, 4/16/14, 1/14/2015 LS

HC PATIENT QUESTIONNAIRE PHQ-9 FORM 3867	Hutchinson HEALTH	<i>Patient Label Or</i>
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