

PATIENT HEALTH QUESTIONNAIRE (PHQ-9) + 3

Nine Symptom Checklist for Depression Screening

<input type="checkbox"/> CA Medicaid <input type="checkbox"/> Referred for Phone Protocol
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Name: _____ DOB: _____ Medicaid #: _____

Practice #: _____ Provider: _____ Diagnosis/ICD-9 Code: _____

Date of Initial Diagnosis: _____ Screening Date: _____

Over the **last 2 weeks** how often have you been bothered by any of the following problems?

Complete Questions 1 - 9 Initially then at all Critical Decision Points (CDPs)	Not at all	Several Days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things	0	0	0	0	
2. Feeling down, depressed, or hopeless	0	0	0	0	
3. Trouble falling/staying asleep, sleeping too much	0	0	0	0	
4. Feeling tired or having little energy	0	0	0	0	
5. Poor appetite or overeating	0	0	0	0	
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down	0	0	0	0	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	0	0	0	
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	0	0	0	
9. Thoughts that you would be better off dead or hurting yourself in some way. (if positive, complete the Suicide Risk Assessment)	0	0	0	0	
PHQ-9 Scoring Formula					
	# Symptoms	___ X 0 =	___ X 1 =	___ X 2 =	___ X 3 =
	Per Category	_____ +	_____ +	_____ +	_____ =
		PHQ-9 Total Score:			_____

Q#1 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, & Colleagues. For research information contact Dr. Spitzer at rls8@columbia.edu.

10. 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 at All
 Somewhat
 Somewhat Difficult
 Very Difficult
 Extremely Difficult

Complete Questions 11-12 at INITIAL VISIT ONLY

11. In the past two years, have you felt depressed or sad most days, even if you felt okay sometimes?

Yes
 No

12. Has there ever been a period of at least four days when you were so happy, over energetic or irritable that you got into trouble, or your family or friends worried about it or a doctor said you were manic?

Yes
 No

Best Phone #: _____ Ok to leave message? YES or NO Note: _____

Medication: _____ Dose: _____ Frequency: _____

1st copy to Medical Record

2nd copy to Initiate Phone Protocol

PHQ-9 Screening and Diagnosis

PHQ-9 Quick Depression Assessment for Initial Diagnosis:

- If there are at least **4** positive responses in the **“More than half the days”** or **“Nearly every day”** columns (including Questions #1 and #2), consider a **depressive disorder**. **Add scores to determine severity.**
- Consider **Major Depressive Disorder** if there are at least **5** positive responses in the **“More than half the days”** or **“Nearly every day”** columns (one of which is Question #1 or #2).
- Consider **Other Depressive Disorder** if there are **2-4** positive responses in the **“More than half the days”** or **“Nearly every day”** columns (one of which is Question #1 or #2).
- **Functional Assessment: Question #10**

NOTE: Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning and ruling out normal bereavement, a history of Manic Episode (Bipolar Disorder), and a physical disorder, medication or other drug as the biological cause of the symptoms.

Patient Health Questionnaire (PHQ-9) Form Symptoms & Impairment	PHQ-9 Severity	Provisional Diagnosis
1-4 symptoms (not including questions 1 or 2), + functional impairment	<10	Mild or Minimal Depressive Symptoms
2-4 symptoms including question 1 or 2, + functional impairment	10-14	Moderate Depressive Symptoms (Major Depression)*
> 5 symptoms including question 1 or 2, + functional impairment	15-19	Moderate Severe Major Depression
> 5 symptoms including question 1 or 2, + functional impairment	≥ 20	Sever Major Depression

* If symptoms present for > 2 years, chronic depression, or functional impairment is severe, remission with watchful waiting is unlikely. IMMEDIATE active treatment is indicated for Major Depression.

Three (3) Phases of Depression Treatment**	
Acute Phase	Aims at minimizing depressive symptoms – typically first 3- 4 months of therapy
Continuation Phase	Tries to prevent return of symptoms <u>in the current episode</u> – 4-12 months (Repeat PHQ-9 Q 4-6 months).
Maintenance Phase	Tries to prevent return of symptoms <u>within 2 years</u> – 12-24 months
Medication Therapy is recommended for at least 9 months after return to well state.	

** REFERRAL or co-management with mental health specialty clinician if the patient is:

- High Suicide Risk
- Bipolar Disorder
- Inadequate Treatment Response
- Complex Psychosocial Needs
- Other Active Mental Disorder

Adopted from The MacArthur Initiative on Depression and Primary Care at Dartmouth & Duke, Version 9.0 -January 2004.