

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			+		+	
<i>(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).</i>		TOTAL:				

10. 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

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Scoring the PHQ-9

Note: this scale has not been evaluated for use with pre-pubertal children.
A number of studies have used this scale for adolescent patients.

The PHQ-9 should not be used to make a definitive diagnosis of depression. It has usefulness as a screening tool for situations where depression is suspected, and as an aid toward following a child's symptom severity and treatment response over time.

Any positive response to question 9 should be followed up with questions about the child's current safety.

Any immediate plans for suicide require an emergent response.

Question 10 should be noted as at least "somewhat difficult" to be consistent with a diagnosis of depression.

A depression diagnosis requires a functional impairment to be present.

Add up the total number from items 1-9

Estimated depression severity:

- 0-4 None
- 5-9 Minimal symptoms
- 10-14 Possible dysthymia, or mild Major Depression
- 15-19 Consistent with Major Depression
- ≥ 20 Consistent with severe Major Depression

* As recommended by Macarthur Foundation and Pfizer, Inc.