

Name _____ Date of birth _____

Clinician _____ Date _____

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom, put an "X" in the box, over the number, beneath the answer that best describes how you have been feeling.

| | Not At All | Several Days | More Than Half the Days | Nearly Every Day |
|--|------------|--------------|-------------------------|------------------|
| 1. Feeling down, depressed, irritable or hopeless? | 0 | 1 | 2 | 3 |
| 2. Little interest or pleasure in doing things? | 0 | 1 | 2 | 3 |
| 3. Trouble falling asleep, staying asleep or sleeping too much? | 0 | 1 | 2 | 3 |
| 4. Poor appetite, weight loss, or overeating? | 0 | 1 | 2 | 3 |
| 5. Feeling tired or having little energy? | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself – or feeling that you are a failure, or that you 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 were 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:

| | | | | | |
|--|---|--|---|--|--|
| | + | | + | | |
|--|---|--|---|--|--|

Total:

If you are experiencing any of the problems on this form, 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

| PHQ-9 Score | Provisional Diagnosis | Treatment Recommendation |
|--------------------|--|---|
| 5-9 | Minimal symptoms* | Support, educate to call if worse; Return in one month |
| 10-14 | Minor depression [^] [^] | Support, watchful waiting |
| | Dysthymia | Antidepressant or psychotherapy |
| | Major depression, <i>mild</i> | Antidepressant or psychotherapy |
| 15-19 | Major depression, <i>moderately severe</i> | Antidepressant or psychotherapy |
| \geq 20 | Major depression, <i>severe</i> | Antidepressant or psychotherapy (especially if not improved on monotherapy) |

*If symptoms present \geq two years, then probably chronic depression which warrants antidepressant or psychotherapy (ask, "*In the past 2 years, have you felt depressed or sad most days, even if you felt okay sometimes?*")

[^] [^] If symptoms present \geq one month or severe functional impairment, consider active treatment.