

PHQ-9 QUICK DEPRESSION ASSESSMENT – INSTRUCTIONS FOR USE

for doctor or health care professional use only

For initial diagnosis:

1. Person completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the gray highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. Consider Major Depressive Disorder.
 - ◆ if there are at least 5 ✓s in the gray highlighted section (one of which corresponds to Question #1 or #2)Consider Other Depressive Disorder
 - ◆ if there are 2-4 ✓s in the gray highlighted section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on individuals self-reporting, the clinician should verify all responses and make a definitive diagnosis on clinical grounds, taking into account how well the individual understood the questionnaire, as well as other relevant information from the individual. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed individuals or individuals in current treatment for depression:

1. Individual may complete questionnaires at baseline and at regular intervals (e.g., every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: “Several days” = 1, “More than half the days” = 2, “Nearly every day” = 3.
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in individual’s file to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

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Scoring – add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1 – 4	Minimal depression
5 – 9	Mild depression
10 – 14	Moderate depression
15 – 19	Moderately severe depression
20 – 27	Severe depression