

# IN A NUTSHELL

The knowledge platform for general practitioners

## PHQ-9 (Patient Health Questionnaire-9)

The Patient Health Questionnaire-9 (PHQ-9) is used to screen for depression and provides an assessment of the severity of depression. The questionnaire is a module of other health questionnaires developed for psychological assessment. The items are based on the diagnostic criteria of the DSM IV («Diagnostic and Statistical Manual of Mental Disorders»).

Little interest or pleasure in doing things

☐ Not at all (0) ☐ Several days (+1) ☐ More than half the days (+2) ☐ Nearly every day (+3)

Feeling down, depressed, or hopeless

☐ Not at all (0) ☐ Several days (+1) ☐ More than half the days (+2) ☐ Nearly every day (+3)

Trouble falling or staying asleep, or sleeping too much

☐ Not at all (0) ☐ Several days (+1) ☐ More than half the days (+2) ☐ Nearly every day (+3)

Feeling tired or having little energy

☐ Not at all (0) ☐ Several days (+1) ☐ More than half the days (+2) ☐ Nearly every day (+3)

Poor appetite or overeating

☐ Not at all (0) ☐ Several days (+1) ☐ More than half the days (+2) ☐ Nearly every day (+3)

Feeling bad about yourself – or that you’re a failure or have let yourself or your family down

☐ Not at all (0) ☐ Several days (+1) ☐ More than half the days (+2) ☐ Nearly every day (+3)

Trouble concentrating on things, such as reading the newspaper or watching television

☐ Not at all (0) ☐ Several days (+1) ☐ More than half the days (+2) ☐ Nearly every day (+3)

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

☐ Not at all (0) ☐ Several days (+1) ☐ More than half the days (+2) ☐ Nearly every day (+3)

Thoughts that you would be better off dead or of hurting yourself in some way

☐ Not at all (0) ☐ Several days (+1) ☐ More than half the days (+2) ☐ Nearly every day (+3)

**PHQ-9 Score:**

The patient expresses suicidal or self-harming thoughts. Immediate psychiatric evaluation is strongly recommended.

**Interpretation**

<b>Score</b>	<b>Interpretation</b>
? 14	No or minimal depressive disorder
5-9	Mild depressive disorder
10–14	Moderate depressive disorder
15–19	Moderately severe depressive disorder
? 20	Severe depressive disorder

#### References

1. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med.* 2001;16(9):606-613. doi:10.1046/j.1525-1497.2001.016009606.x
2. Arroll B, Goodyear-Smith F, Crengle S, et al. Validation of PHQ-2 and PHQ-9 to screen for major depression in the primary care population. *Ann Fam Med.* 2010;8(4):348-353. doi:10.1370/afm.1139
3. Löwe B, Spitzer RL, Zipfel S, Herzog W. PHQ-D, Gesundheitsfragebogen für Patienten, Manual. Medizinische Universitätsklinik Heidelberg 2002;1–11.