

Client Name: _____

Date: _____

Depression Questionnaire (PHQ-9)

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

(Circle your answer)

	Not at all	Several Day	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

Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do 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 and Proposed Treatment Actions.

Score	Severity	Proposed Treatment Actions
0-4	None-minimal	None
5-9	Mild	Watchful waiting; repeat questionnaire at follow-up
10-14	Moderate	Treatment plan, considering counseling, follow and/or pharmacotherapy
15-19	Moderate Severe	Active treatment with pharmacotherapy and/or psychotherapy
20-27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management