

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	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL: please refer to accompanying scoring card).

10. If you checked off <i>any problems</i> , how <i>difficult</i> 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 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

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 patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, 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 Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

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

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Personal Health Questionnaire (PHQ-9) Score Interpretation and Possible Actions

Total Score	Depression Severity	Actions Needed
1-4	Minimal depression	<p>Initial Assessment – This score suggests the patient, at this time, may not need depression treatment. You may consider a referral to EAP or Online Coaching and provide education about depression. Quarterly monitoring is suggested if there is a history of previous bouts of depression or strong family history.</p> <p>Ongoing Monitoring – Reduction of score to this level implies remission of depression. Medications need to be continued for at least 6 months with no history of previous bouts of depression and for at least a year for those with previous history of treatment. Provide ongoing education about depression relapse and continuing medication.</p>
5-9	<p style="text-align: center;">Mild depression</p> <p>Few, if any, symptoms in excess of those required to make diagnosis & symptoms result in only minor impairment in occupational functioning or social/relationship functioning.</p>	<p>Initial Assessment – Use clinical judgment in deciding the appropriate treatment. Quarterly monitoring is suggested if there is no history of previous bouts of depression or strong family history. For patients with previous history of bouts of depression, treatment should be seriously considered. 1) Antidepressants if preferred by patient or if there is a history of previous medication treatment 2) Referral to EAP, Online coaching or to a behavioral health therapist 3) Provide education about depression</p> <p>Ongoing Monitoring – A 5 point reduction in score or greater indicates a <u>solid response</u> to treatment. Continue to: 1) Provide ongoing education about depression relapse 2) Monitor with repeat PHQ-9 scoring, and 3) Provide education about the need for continuing medication.</p>
10-14	<p style="text-align: center;">Moderate depression</p> <p>Symptoms in excess of the minimal number required for the diagnosis that often keep the person from doing things they need to do.</p>	<p>Initial Assessment – With no previous history of depression, a referral to counseling through EAP, CIGNA Behavioral Health or directly to a behavioral health therapist may be beneficial. For patients with previous history of bouts of depression, treatment should be seriously considered. 1) Antidepressants if preferred by patient or if there is a history of previous medication treatment 2) Referral to EAP, Online coaching or to a behavioral health therapist 3) Provide education about depression</p> <p>Ongoing Monitoring – Reduction of a score of 5 points or greater indicates a <u>solid response</u> to treatment. Reduction of a score less than 5 points within 8 weeks indicates no response. Treatment plan change may be considered at this time. Provide ongoing education about depression relapse and continuing medication.</p>
15-19	Moderately severe depression	<p>Initial Assessment – Treatment for depression using antidepressant, referral for psychotherapy and/or combination of treatment. Provide education about depression.</p> <p>Ongoing Monitoring – Indicates poor or no response unless score has decreased 5 or more points. Lack of response within 8 weeks may require medication change, additional medication or augmentation or referral to a psychiatrist.</p>
20-27	<p style="text-align: center;">Severe depression</p> <p>Nearly all symptoms of major depressive disorder, and symptoms markedly interfere with daily functioning (with or without psychotic features)</p>	<p>Initial Assessment – Warrants treatment for depression using antidepressants or a combination of antidepressants and psychotherapy. Physician may wish to contact CIGNA Behavioral Health for consultation or referral. Provide education about depression.</p> <p>Ongoing Monitoring – Indicates severe depression that would require psychiatric referral for consultation and/or management.</p>

Response to Treatment	Recommended Strategies
Some improvement at 4-8 weeks	<ul style="list-style-type: none"> • Adjust dosage and/or augmentation if on medication • If therapy alone is being used, consider adding antidepressant and a psychiatric consultation
No improvement at 4-8 weeks	<ul style="list-style-type: none"> • Change medication usually to a different class of medication or reassess effectiveness of therapy
No or partial response at 8 weeks	<ul style="list-style-type: none"> • If only partial or no response to medication/therapy, refer or consult a psychiatrist or other mental health professional

To access depression guidelines, go to www.CIGNABehavioral.com, click on “Are you a Provider,” then “Primary Care Physicians and Medical Providers.”

- Click on “Printable Depression Practice Guidelines” for CIGNA’s Primary Care Physician Guidelines for Depression in Adults.
- Click on “Practitioner Toolkit” for resources intended to support primary care physicians and other medical providers in assessment and management of patients diagnosed with depression. Resources include information about assessment, medication management and referrals to EAP, Online Coaching, and behavioral health treatment.

For additional information or to talk with a CIGNA psychiatrist, please call the Well Aware Depression Disease Management Program at 1-800-227-8160.