

Screening for Depression

Table 4.

Patient Health Questionnaire-9: Screening Instrument for Depression

OVER THE PAST TWO WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?	NOT AT ALL	SEVERAL DAYS	MORE THAN ONE-HALF THE DAYS	NEARLY EVERY DAY
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	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	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	Total:	_____ +	_____ +	_____

Interpretation

<i>Total score</i>	<i>Depression severity</i>
1 to 4	Minimal
5 to 9	Mild
10 to 14	Moderate
15 to 19	Moderately severe
20 to 27	Severe

Adapted from patient health questionnaire (PHQ) screeners. <http://www.phqscreeners.com>. Accessed September 6, 2011.

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