

Vibrant Health

FAMILY CLINICS

We are continually trying to improve the quality of care we deliver to our patients.

Depression is a very common, but often unrecognized, condition that physicians do not always detect unless they ask the right questions.

Please fill out the following screening questionnaire before your annual exam so we can assess your risk for depression and treat you accordingly. Thank you for your cooperation.

Patient Questionnaire – PHQ-9

Nine Symptom Check list

Patient Name: _____

Date: _____

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

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
a. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, taking care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you use alcohol? No Yes Quit Never

Times per week _____	Amount per time _____		
Ever felt like you ought to cut down	yes	no	
Have people annoyed you by criticizing your drinking	yes	no	
Have you felt guilty about your drinking	yes	no	
Have you ever had an “eye-opener” morning drink	yes	no	

How to Score PHQ-9

Scoring Method For Diagnosis:

If at least 4 items are checked “More than half the days” (including items a and b), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

If there are at least 5 items checked “More than half the days” (one of which corresponds to item a or b)

Consider Other Depressive Disorder

If there are 2 to 4 items checked “More than half the days” (one of which corresponds to item a or b)

Scoring Method For Planning and Monitoring:

Question One:

- To score the first question, tally each response by the number value of each response:
Not at all = 0
Several days = 1
More than half the days = 2
Nearly every day = 3
- Add the numbers together to total the score.
- Interpret the score by using the guide listed below:

PHQ-9 Score: _____

Document the PHQ-9 score on the Preventive/Chronic Disease Flow Sheet and dictate the score in the office note.

Score:	Action:
≤ 4	This score suggests the patient may not need depression treatment.
>5-14	Physician uses clinical judgment about treatment, based on patient’s duration of symptoms and functional impairment.
≥ 15	Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment.

Score	Severity	New diagnosis	Follow up visit
1-4	Minimal depression		
5-9	Mild depression	296.21	296.31
10-14	Moderate depression	296.22	296.32
15-19	Moderately severe depression		
20-27	Severe depression	296.23	296.33

Question Two:

In question two the patient responses can be one of four:

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

The last two responses suggest that the patient’s functionality is impaired. After treatment begins, the functional status is again measured to see if the patient is improving.