

Instructions for Administering the PHQ-9 (ADMINISTERING THE PHQ-9)

Administering the PHQ-9. PHQ-9 items are set up to determine the frequency of symptoms over the previous two weeks. Scoring is on a three-point scale: 1=several days; 2=more than half the days; 3=nearly every day. The relative severity of symptoms is determined by asking the patient to what extent the collective symptoms interfered with activities of daily living.

If one is using the PHQ-9 for research purposes the content of the questionnaire should be read verbatim to the patient, as this is how it was validated nationally.

Field-testing by the three TIDES depression care managers (DCMs) has produced a variation of how the instrument was validated nationally, resulting in an efficient way of administering the instrument (six to eight minutes, including introductory explanation) that makes it easy for patients to understand what they are being asked and to respond accurately. The TIDES DCMs administer the PHQ-9 in two steps. Step one is to ask, for each of the nine questions in turn, if the patient has been bothered by the symptom in the past two weeks. A “yes” or “no” is recorded for each. Step two is then to go back to any symptoms to which the patient replied “yes” to determine their frequency (“several days”, “more than half the days”, or “nearly every day”). The TIDES DCMs find that this “two-pass” method makes it easier for patients to understand what is being asked.

During the PHQ-9 administration, the DCMs note patient questions or concerns that are extraneous to the PHQ-9 but are important to building rapport and completing other parts of the full patient assessment. The DCM very briefly acknowledges each concern and assures the patient that all of them will be addressed as soon as they have finished going over the specific depression questions at hand.

Once the PHQ-9 is complete, the DCM adds up the score and tells the patient what it is and what it typically means. Note that diagnosis of any mental disorder should not be made on the basis of the PHQ-9 alone. At the minimum, a clinical history is required in addition to the PHQ-9. The evidence-based literature on depression indicates that scores of:

- o PHQ-9 scores of 4 or less suggest the patient does not need antidepressants or psychotherapy.
- o PHQ-9 scores between 5 and 9 in the absence of a past history of major depression or anhedonia suggest minor depression or a diagnosis of Adjustment Disorder (309.0).
- o PHQ-9 scores between 5 and 9 in patients who report experiencing the symptoms for two years or more suggest a diagnosis of dysthymia (300.4).
- o PHQ-9 scores between 5 and 9 with a past history of depression most often are relapsing or incompletely treated (e.g., Major Depressive Disorder, Single or Recurrent (296.2/296.3), Depressive Disorder NOS (311) or Dysthymia (300.4).
- o PHQ-9 scores \geq 10 suggest major depression (e.g., Major Depressive Disorder, Single or Recurrent (296.2/296.3) or Depressive Disorder NOS (311)).