

Patient Health Questionnaire (PHQ 2-9): Clinician Guide

Introduce interview: “I am going to ask you some questions about your mood and feelings over the past 2 weeks. I will also ask about some common problems that are known to go along with feeling down. This will help us provide you with better care. I am going to ask you how often you have been bothered by a particular problem over the last 2 weeks. I will give you the choices that you see on this card.” (Say while pointing to cue card): “0-1 days—never or 1 day, 2-6 days—several days, 7-11 days—half or more of the days, or 12-14 days—nearly every day.”

Ask: **"Over the last 2 weeks, have you been bothered by any of the following problems?"**

Little interest or pleasure in doing things ___ Yes ___ No ___ No Response

If yes, ask “About how often have you been bothered by this?” ___ Never or 1 day ___ 2-6 Days (Several Days) ___ 7-11 days (Half or more of the days) ___ 12-14 days (Nearly every day)

Feeling down, depressed or hopeless ___ Yes ___ No ___ No Response

If yes, ask “About how often have you been bothered by this?” ___ Never or 1 day ___ 2-6 Days (Several Days) ___ 7-11 days (Half or more of the days) ___ 12-14 days (Nearly every day)

Continue if either or both questions above have responses of 7-11 days (more than half the days) or 12-14 days (Nearly every day).

Trouble falling asleep, or staying asleep, or sleeping too much ___ Yes ___ No ___ No Response

If yes, ask “About how often have you been bothered by this?” ___ Never or 1 day ___ 2-6 Days (Several Days) ___ 7-11 days (Half or more of the days) ___ 12-14 days (Nearly every day)

Feeling tired or having little energy ___ Yes ___ No ___ No Response

If yes, ask “About how often have you been bothered by this?” ___ Never or 1 day ___ 2-6 Days (Several Days) ___ 7-11 days (Half or more of the days) ___ 12-14 days (Nearly every day)

Poor appetite or overeating ___ Yes ___ No ___ No Response

If yes, ask “About how often have you been bothered by this?” ___ Never or 1 day ___ 2-6 Days (Several Days) ___ 7-11 days (Half or more of the days) ___ 12-14 days (Nearly every day)

Feeling bad about yourself- or that you are a failure or have let yourself or your family down ___ Yes ___ No ___ No Response

If yes, ask “About how often have you been bothered by this?” ___ Never or 1 day ___ 2-6 Days (Several Days) ___ 7-11 days (Half or more of the days) ___ 12-14 days (Nearly every day)

Trouble concentrating on things, such as reading the newspaper or watching television ___ Yes ___ No ___ No Response

If yes, ask “About how often have you been bothered by this?” ___ Never or 1 day ___ 2-6 Days (Several Days) ___ 7-11 days (Half or more of the days) ___ 12-14 days (Nearly every day)

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 ___ Yes ___ No ___ No Response

If yes, ask “About how often have you been bothered by this?” ___ Never or 1 day ___ 2-6 Days (Several Days) ___ 7-11 days (Half or more of the days) ___ 12-14 days (Nearly every day)

Thoughts that you would be better off dead, or of hurting yourself in some way ___ Yes ___ No ___ No Response

If yes, ask “About how often have you been bothered by this?” ___ Never or 1 day ___ 2-6 Days (Several Days) ___ 7-11 days (Half or more of the days) ___ 12-14 days (Nearly every day)

Select only one frequency response per item

- If the resident has difficulty selecting between two frequency responses, code for the higher frequency.
- Some items contain more than one phrase. If a resident gives different frequencies for the different parts of a single item, select the highest frequency as the score for that item.

Adapted from *Long-Term Care Facility Resident Assessment Instrument User's Manual for Version 3.0* by the Centers for Medicare & Medicaid Services (CMS)