Quick Guide to PRIME-MD Patient Health Questionnaire (PHQ)

Purpose. The Patient Health Questionnaire (PHQ) is designed to facilitate the recognition and diagnosis of the most common mental disorders in primary care patients. For patients with a depressive disorder, a PHQ Depression Severity Index score can be calculated and repeated over time to monitor change.

Who Should Take the PHQ. Ideally, the PHQ should be used with all new patients, all patients who have not completed the questionnaire in the last year, and all patients suspected of having a mental disorder.

Making a Diagnosis. Since the questionnaire relies on patient self-report, definitive diagnoses must be verified by the clinician, taking into account how well the patient understood the questions in the questionnaire, as well as other relevant information from the patient, his or her family or other sources.

Interpreting the PHQ. To facilitate interpretation of patient responses, all clinically significant responses are found in the column farthest to the right. (The only exception is for suicidal ideation when diagnosing a depressive syndrome.) At the bottom of each page, beginning with "FOR OFFICE CODING", in small type, are criteria for diagnostic judgments for summarizing the responses on that page. The names of the categories are abbreviated, e.g., Major Depressive Syndrome is Maj Dep Syn..

Page 1

Somatoform Disorder if at least 3 of #1a-m bother the patient "a lot" and lack an adequate biological explanation.
Major Depressive Syndrome if #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all) .
Other Depressive Syndrome if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

Note: the diagnoses of Major Depressive Disorder and Other Depressive Disorder requires ruling out normal **bereavement (mild symptoms, duration less than 2 months)**, a history of a **manic** episode (Bipolar Disorder) and a **physical disorder, medication or other drug** as the biological cause of the depressive symptoms.

Page 2

Panic Syndrome if #3a-d are all 'YES' and 4 or more of #4a-k are 'YES'.
Other Anxiety Syndrome if #5a and answers to three or more of #5b-g are "More than half the days".

Note: The diagnoses of Panic Disorder and Other Anxiety Disorder require ruling out a **physical disorder, medication or other drug** as the biological cause of the anxiety symptoms.

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Bulimia Nervosa if #6a,b, and c and #8 are 'YES'; Binge Eating Disorder the same but #8 is either 'NO' or left blank.

Alcohol abuse if any of #10a-e are "YES".

Additional Clinical Considerations. After making a provisional diagnosis with the PHQ, there are additional clinical considerations that may affect decisions about management and treatment.

*Have current symptoms been triggered by psychosocial **stressor(s**)?*

*What is the **duration** of the current disturbance and has the patient received any **treatment** for it?*

*To what extent are the patient's symptoms i**mpairing** his or her usual work and activities?*

*Is there a **history** of similar episodes, and were they **treated**?*

*Is there a **family history** of similar conditions?*

Example of Diagnosing Major Depressive Disorder & Calculating PHQ-9 Depression Severity

Patient: A 43-year-old woman who looks sad and complains of fatigue for the past month.

2. Over the last 2 weeks, how often have you been bothered by any of the following:	**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?……..	☐	☐	☐	☒
b. Feeling down, depressed, or hopeless?……..…	☐	☒	☐	☐
c. Trouble falling or staying asleep, or sleeping too much?	☐	☐	☒	☐
d. Feeling tired or having little energy?.....……...…..	☐	☐	☐	☒
e. Poor appetite or overeating?.....…….	☐	☒	☐	☐
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down?……..	☐	☐	☒	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television? ……..	☐	☐	☐	☒
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?.....……..	☒	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way? …….	☐	☒	☐	☐

FOR OFFICE CODING: Maj Dep Syn if #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all) . Other Dep Syn if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

Major Depressive Disorder Diagnosis. The criteria for Major Depressive Syndrome are met since she checked #2a "nearly every day" and five of items #2a to i were checked "'more than half the days" or "nearly every day". Note that #2i, suicidal ideation, is counted whenever it is present.

In this case, the diagnosis of Major Depressive Disorder (not Syndrome) was made since questioning by the physician indicated no history of a manic episode; no evidence that a physical disorder, medication, or other drug caused the depression; and no indication that the depressive symptoms were normal bereavement. Questioning about the suicidal ideation indicated no significant suicidal potential.

PHQ-9 Depression Severity. This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of "not at all," "several days," "more than half the days," and "nearly every day," respectively. PHQ-9 total score for the nine items ranges from 0 to 27. In the above case, the PHQ-9 depression severity score is 16 (3 items scored 1, 2 items scored 2, and 3 items scored 3). Scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe and severe depression, respectively. Sensitivity to change has also been confirmed.

GAD-7 Anxiety Severity. This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of "not at all," "several days," "more than half the days," and "nearly every day," respectively. GAD-7 total score for the seven items ranges from 0 to 21. Scores of 5, 10, and 15 represent cutpoints for mild, moderate, and severe anxiety, respectively. Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. When screening for individual or any anxiety disorder, a recommended cutpoint for further evaluation is a score of 10 or greater.

PHQ-2 and GAD-2 Severity. These consist of the first two items of the PHQ-9 and GAD-7 respectively, and constitute the two core DSM-IV items for major depressive disorder and generalized anxiety disorder, respectively. Each ranges from a score of 0 to 6. The operating characteristics of these ultra-brief measures are quite good; the recommended cutpoints for each when used as screeners is a score of 3 or greater.

When used together, they are referred to as the **PHQ-4 DA**, a 4-item screening measure which ranges from a score of 0 to 12, and serves as a good measure of "caseness" (i.e., the higher the score, the more likely there is an underlying depressive or anxiety disorder).

PHQ-15 Somatic Symptom Severity. This is calculated by assigning scores of 0, 1, and 2 to the response categories of "not at all", "bothered a little", and "bothered a lot", for the 13 somatic symptoms. Also, 2 items from the mood module (fatigue and sleep) are scored 0 ("not at all"), 1 ("several days") or 2 ("more than half the days" or "nearly every day"). Scores of 5, 10, and 15 represent cutpoints for low, medium, and high somatic symptom severity, respectively.

References

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PHQ-9 Scores and Proposed Treatment Actions *

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Immediate initiation of pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

* From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521

PHQ-9 and PHQ-2 Operating Characteristics in 580 Primary Care Patients

Cutpoint	Major Depressive Disorder N = 41 (7.1%)	Any Depressive Disorder N = 106 (18.3%)
PHQ-9 (0-27 range)		
8		
Sensitivity	.95	.77
Specificity	.81	.86
9		.
Sensitivity	.95	.75
Specificity	.84	.90
10		
Sensitivity	.88	.66
Specificity	.88	.93
11		
Sensitivity	.83	.61
Specificity	.89	.95
12		
Sensitivity	.83	.56
Specificity	.92	.96
PHQ-2 (0-6 range)		
2		
Sensitivity	.93	.82
Specificity	.74	.80
3		
Sensitivity	.83	.62
Specificity	.90	.95

GAD-7 and GAD-2 Operating Characteristics in 965 Primary Care Patients

Cutpoint	Generalized Anxiety Disorder N = 72 (7.5%)	Panic Disorder N = 66 (6.8%)	Social Anxiety Disorder N = 60 (6.2%)	Posttraumatic Stress Disorder (N = 83) (8.6%)	Any Anxiety Disorder N = 188 (19.5%)
GAD-7 (0-21 range)					
8					
Sensitivity	.92	.82	.78	.76	.77
Specificity	.76	.75	.74	.75	.83
9					
Sensitivity	.90	.79	.77	.74	.73
Specificity	.79	.78	.77	.78	.85
10					
Sensitivity	.89	.74	.72	.66	.68
Specificity	.82	.81	.80	.81	.88
GAD-2 (0-6 range)					
2					
Sensitivity	.96	.91	.85	.86	.86
Specificity	.64	.63	.62	.63	.70
3					
Sensitivity	.88	.76	.70	.59	.65
Specificity	.83	.81	.81	.81	.86

All PRIME-MD and PHQ materials were developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

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- Dr. Kroenke at kkroenke@regenstrief.org

Website to obtain PHQ-9, including permission for clinical/research use:

www.pfizer.com/phq-9

On the following pages are the

- Full PHQ
- PHQ-15 somatic symptom scale
- PHQ-9 depression scale
- GAD-7 anxiety scale
- PHQ-4 DA (consisting of first 2 items of PHQ-9 and GAD-7)

Patient Health Questionnaire

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Name_____ Age_____ Sex: ☐ Female ☐ Male Today's Date_____

1. **During the last 4 weeks, how much have you been bothered by any of the following problems?**	**Not bothered**	**Bothered a little**	**Bothered a lot**
a. Stomach pain	☐	☐	☐
b. Back pain	☐	☐	☐
c. Pain in your arms, legs, or joints (knees, hips, etc.)	☐	☐	☐
d. Menstrual cramps or other problems with your periods	☐	☐	☐
e. Pain or problems during sexual intercourse	☐	☐	☐
f. Headaches	☐	☐	☐
g. Chest pain	☐	☐	☐
h. Dizziness	☐	☐	☐
i. Fainting spells	☐	☐	☐
j. Feeling your heart pound or race	☐	☐	☐
k. Shortness of breath	☐	☐	☐
l. Constipation, loose bowels, or diarrhea	☐	☐	☐
m. Nausea, gas, or indigestion	☐	☐	☐

2. **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**
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
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	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

FOR OFFICE CODING: Som Dis if at least 3 of #1a-m are "a lot" and lack an adequate biol explanation.
Maj Dep Syn if answers to #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all).
Other Dep Syn if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

3. Questions about anxiety.

	NO	YES
a. In the last 4 weeks, have you had an anxiety attack — suddenly feeling fear or panic?……..	☐	☐

If you checked "NO", go to question #5.

b. Has this ever happened before?……	☐	☐
c. Do some of these attacks come suddenly out of the blue — that is, in situations where you don't expect to be nervous or uncomfortable?……	☐	☐
d. Do these attacks bother you a lot or are you worried about having another attack?……..….	☐	☐

4. Think about your last bad anxiety attack.	**NO**	**YES**
a. Were you short of breath?……	☐	☐
b. Did your heart race, pound, or skip?……...	☐	☐
c. Did you have chest pain or pressure?…….	☐	☐
d. Did you sweat?……	☐	☐
e. Did you feel as if you were choking?……..	☐	☐
f. Did you have hot flashes or chills?…….	☐	☐
g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?……	☐	☐
h. Did you feel dizzy, unsteady, or faint?…….	☐	☐
i. Did you have tingling or numbness in parts of your body?…	☐	☐
j. Did you tremble or shake?……..….	☐	☐
k. Were you afraid you were dying?…….	☐	☐

5. Over the last 4 weeks, how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**
a. Feeling nervous, anxious, on edge, or worrying a lot about different things……	☐	☐	☐

If you checked "Not at all", go to question #6.

b. Feeling restless so that it is hard to sit still……..	☐	☐	☐
c. Getting tired very easily……..	☐	☐	☐
d. Muscle tension, aches, or soreness……	☐	☐	☐
e. Trouble falling asleep or staying asleep……	☐	☐	☐
f. Trouble concentrating on things, such as reading a book or watching TV…….	☐	☐	☐
g. Becoming easily annoyed or irritable…….	☐	☐	☐

FOR OFFICE CODING: Pan Syn if all of #3a-d are 'YES' and four or more of #4a-k are 'YES'.
Other Anx Syn if #5a and answers to three or more of #5b-g are "More than half the days".

6. Questions about eating.

	NO	YES
a. Do you often feel that you can't control <u>what</u> or <u>how much</u> you eat?……..	☐	☐
b. Do you often eat, <u>within any 2-hour period</u>, what most people would regard as an unusually <u>large</u> amount of food?……	☐	☐

If you checked 'NO' to either #a or #b, go to question #9.

c. Has this been as often, on average, as twice a week for the last 3 months? ……..	☐	☐

7. In the last 3 months have you <u>often</u> done any of the following in order to avoid gaining weight ?

	NO	YES
a. Made yourself vomit? ……..	☐	☐
b. Took more than twice the recommended dose of laxatives?……	☐	☐
c. Fasted — not eaten anything at all for at least 24 hours?……	☐	☐
d. Exercised for more than an hour specifically to avoid gaining weight after binge eating?…	☐	☐

	NO	YES
8. If you checked ' YES' to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?……	☐	☐

	NO	YES
9. **Do you ever drink alcohol (including beer or wine)?**……	☐	☐

If you checked "NO" go to question #11.

10. Have any of the following happened to you <u>more than once in the last 6 months</u>?

	NO	YES
a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health.……	☐	☐
b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities.……	☐	☐
c. You missed or were late for work, school, or other activities because you were drinking or hung over.……	☐	☐
d. You had a problem getting along with other people while you were drinking.……..…	☐	☐
e. You drove a car after having several drinks or after drinking too much.……	☐	☐

11. If you checked off <u>any</u> problems on this questionnaire, how <u>difficult</u> 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
☐	☐	☐	☐

FOR OFFICE CODING: Bul Ner if #6a,b, and-c and #8 are all 'YES'; Bin Eat Dis the same but #8 either 'NO' or left blank.
Alc Abu if any of #10a-e is 'YES'.

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.
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Physical Symptoms (PHQ-15)

During the past 4 weeks, how much have you been bothered by any of the following problems?

	Not bothered at all (0)	Bothered a little (1)	Bothered a lot (2)
a. Stomach pain ……..	☐	☐	☐
b. Back pain ……..……..	☐	☐	☐
c. Pain in your arms, legs, or joints (knees, hips, etc.) ..	☐	☐	☐
d. Menstrual cramps or other problems with your periods [***Women only***] …….	☐	☐	☐
e. Headaches ……..……..	☐	☐	☐
f. Chest pain ……..……	☐	☐	☐
g. Dizziness ……	☐	☐	☐
h. Fainting spells …..…….	☐	☐	☐
i. Feeling your heart pound or race ……..	☐	☐	☐
j. Shortness of breath ……..……	☐	☐	☐
k. Pain or problems during sexual intercourse……	☐	☐	☐
l. Constipation, loose bowels, or diarrhea ……	☐	☐	☐
m. Nausea, gas, or indigestion ……	☐	☐	☐
n. Feeling tired or having low energy …….	☐	☐	☐
o. Trouble sleeping ……..……..	☐	☐	☐

PHQ-9

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 in some way.....	0	1	2	3

(***For office coding: Total Score*** _____ = ___ + ___ + ___)

If you checked off any problems, how difficult 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**
☐	☐	☐	☐

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

PHQ-4

Over the last 2 weeks, how often have you been bothered by 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. Feeling nervous, anxious or on edge	0	1	2	3
4. Not being able to stop or control worrying	0	1	2	3