

## TOOL 1. The Patient Health Questionnaire-2 (PHQ-2)

**Instructions:** Print out the short form below and ask patients to complete it while sitting in the waiting or exam room.

**Use:** The purpose of the PHQ-2 is not to establish a final diagnosis or to monitor depression severity, but rather to screen for depression as a “first-step” approach.

**Scoring:** A PHQ-2 score ranges from 0 to 6; patients with scores of 3 or more should be further evaluated with the PHQ-9, other diagnostic instrument(s), or a direct interview to determine whether they meet criteria for a depressive disorder.

Patient Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

| Over the past 2 weeks, how often have you been bothered by any of the following problems? | Not at all | Several days | More than one-half of 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                |

Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003;41:1284-1292. ©2007CQAIMH. All rights reserved. Used with permission.

## TOOL 2. The Patient Health Questionnaire-9 (PHQ-9) Instructions

**Instructions:** To further evaluate patients with PHQ-2 scores of 3 or more, administer or have them complete the questionnaire on the next page.

### USE OF THE PHQ-9 TO MAKE A TENTATIVE DEPRESSION DIAGNOSIS

The clinician should rule out physical causes of depression, normal bereavement, and a history of a manic/hypomanic episode.

**Step 1:** Questions 1 and 2

Need one or both of the first two questions endorsed as a “2” or “3”

**Step 2:** Questions 1 through 9

Need a total of five or more boxes endorsed within the shaded area of the form to arrive at the total symptom count

**Step 3:** Question 10

This question must be endorsed as “Somewhat difficult,” “Very difficult,” or “Extremely difficult”

PHQ-9 scores of 5, 10, 15, and 20 represent mild, moderate, moderately severe, and severe depression, respectively.

### USE OF THE PHQ-9 FOR TREATMENT SELECTION AND MONITORING

**Step 1:** A depression diagnosis that warrants initiating or changing treatment requires that at least one of the first two questions was endorsed as positive (“more than one-half of the days” or “nearly every day”) in the past 2 weeks. In addition, the tenth question about difficulty at work or home or getting along with others should be answered at least “somewhat difficult.”

**Step 2:** Add the total points for each of the columns 2-4 separately. Add the totals for each of the three columns; this is the total score or the severity score.

**Step 3:** Review the severity score using the following table

| PHQ-9 SCORE | PROVISIONAL DIAGNOSIS               | TREATMENT RECOMMENDATION<br>(Patient preference should be considered)        |
|-------------|-------------------------------------|--|
| 0-4         | None – minimal                      | None   |
| 5-9         | Minimal symptoms <sup>a</sup>       | Support, educate to call if worse, return in 1 month                         |
| 10-14       | • Minor depression <sup>b</sup>     | Support, watchful waiting  |
|             | • Dysthymia <sup>a</sup>            | Antidepressant or psychotherapy  |
|             | • Major depression, mild            | Antidepressant or psychotherapy  |
| 15-19       | Major depression, moderately severe | Antidepressant or psychotherapy  |
| > 20        | Major depression, severe            | Antidepressant AND psychotherapy (especially if not improved on monotherapy) |

<sup>a</sup>If symptoms are present for at least 2 years, then chronic depression is probable, which warrants antidepressants or psychotherapy

<sup>b</sup>If symptoms are present for at least 1 month or patient is experiencing severe functional impairment, consider active treatment

## TOOL 2. The Patient Health Questionnaire-9 (PHQ-9)

Patient Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

| Over the past 2 weeks, how often have you been bothered by any of the following problems?  | Not at all | Several days | More than one-half of 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 asleep, 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're 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                |
| -----  |            |              |                                |                  |
| 10. If you checked off any problems listed above, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people? <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult |            |              |                                |                  |

### TOOL 3. Patient Visit Checklist

Patient Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Screened for depression?  Yes  No

If **yes**, record screening tool used and patient's score: \_\_\_\_\_

Prescribed antidepressant therapy?  Yes  No

If **yes**, record name of antidepressant prescribed: \_\_\_\_\_

Prescribed psychotherapy?  Yes  No

If **yes**, document specific recommendations for psychotherapy: \_\_\_\_\_

Assessed for medication adherence?  Yes  No

If **yes**, document how adherence was assessed: \_\_\_\_\_

Assessed barriers to medication adherence?  Yes  No

Does the patient have any trouble remembering medication?  Yes  No

Is the patient experiencing any adverse effects?  Yes  No

Other barriers?  Yes  No

If **yes** was selected for any of the above, record patient's reported issues: \_\_\_\_\_

Document specific recommendations to improve adherence/alleviate adverse effects of medications: \_\_\_\_\_

Followed up with patient?  Yes  No

If **yes**, document how follow-up was performed: \_\_\_\_\_

Assessed for suicide risk?  Yes  No

If present, is suicide risk a new symptom?  Yes  No

If suicide risk is a preexisting symptom, are there any changes in status?  Better  Worse  Same

Document specific recommendations: \_\_\_\_\_

Were self-management goals set?  Yes  No

If **yes**, document the specific goals: \_\_\_\_\_

Document specific recommendations that can help patient meet these goals: \_\_\_\_\_

## TOOL 4. The Medication Adherence Rating Scale (MARS)

**Instructions:** Print out the short questionnaire below and ask patients who have been prescribed antidepressant medication to complete it.

Each response is assigned a score: for questions 1-6, 9, and 10, assign a 0 for “Yes” (nonadherent attitude or behavior) or a 1 for “No” (adherent attitude or behavior); for questions 7 and 8, assign a 0 for “No” (nonadherent attitude) or a 1 for “Yes” (adherent attitude). A score of 0-5 indicates that a patient is likely nonadherent, whereas a score of 6-10 indicates that a patient is likely adherent to his or her medications.

Please respond to the following questions by placing a check mark in the column that best describes your behavior or the attitude you have held toward your medication in the past week.

|  | Yes | No |
|--|-----|----|
| 1. Do you ever forget to take your medication?   |     |    |
| 2. Are you careless at times about taking your medicine?                                   |     |    |
| 3. When you feel better, do you sometimes stop taking your medicine?                       |     |    |
| 4. If you feel worse when you take the medicine, do you sometimes stop taking it?          |     |    |
| 5. Do you take your medication only when you are sick?                                     |     |    |
| 6. Do you feel that it is unnatural for your mind and body to be controlled by medication? |     |    |
| 7. Do you find that your thoughts are clearer on medication?                               |     |    |
| 8. Do you think you can prevent getting sick by staying on medication?                     |     |    |
| 9. Do you feel weird (like a “zombie”) on medication?                                      |     |    |
| 10. Does your medication make you feel tired and sluggish?                                 |     |    |

Reprinted with permission from Thompson K, Kulkarni J, Sergejew AA. Reliability and validity of a new Medication Adherence Rating Scale (MARS) for the psychoses. *Schizophr Res.* 2000;42:241-247.

This tool is also available online at [www.virtualmedicalcentre.com/calc.asp?calc=medication\\_adherence\\_rating\\_scale\\_mars](http://www.virtualmedicalcentre.com/calc.asp?calc=medication_adherence_rating_scale_mars).