

## Mood Scale (PHQ)

Over the <u>last 2 weeks</u> , 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
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
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				
9. Thoughts that you would be better off dead or of hurting yourself in some way				

10. 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

SCORE: \_\_\_\_\_

POSITIVE / NEGATIVE

Plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I agree to release the results of this mood evaluation questionnaire to my referring heart doctor or family doctor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PRIME-MD: Patient Health Questionnaire (PHQ)

Questions	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

add  
columns:  +  +   
total:

## Scoring Instructions

**Depression Severity Score:** Total the values for each response to obtain the severity score. A score of 5-9 is positive for *Mild Depression* (watchful waiting, periodic rescreening, education, and patient activation). A score of 10-14 is positive or *Moderate Depression* (evaluation, develop a treatment plan, consider counseling, education, assertive follow-up, pharmacotherapy). A score of 15 or more is positive for *Severe Depression* (immediate institution of treatment, pharmacotherapy, counseling, and/or referral).

**Functional Assessment:** If the patient selects one of the last two responses to question # 10 (i.e., very difficult or extremely difficult), his/her functionality at work, at home or in relationships with other people is significantly impaired.

**Note:** If patient checks off and indicates any suicidal thoughts (question # 9: either “Several Days”, “More than half of the days”, or “Nearly every day”) a thorough and immediate evaluation of suicidality needs to be conducted (see suicide evaluation protocol or have patient immediately evaluated by a mental health clinician or at the local emergency room).