

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Patient Health Questionnaire-9 (PHQ-9) for Depression Screening



PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9) FOR DEPRESSION SCREENING

Name of County: _____ Name of Sub-County: _____ Ward: _____

Implementing Partner (CSO): _____ Facility/DIC Name: _____

Date (DD/MM/YYYY): _____/_____/_____ MFL Code: _____

| General Information | |
|----------------------------|---------------------------------------------------------------|
| Client Name | |
| Sex | 1=Male, 2=Female |
| Date of Birth (DD/MM/YYYY) | Age (Years) |
| KP Type | 1=FSW, 2=MSM, 3=MSW, 4=PWID, 5=PWUD, 6=TRANSMAN, 7=TRANSWOMAN |
| KP Hotspot/ Injecting site | |
| Contact phone number | /Alternate..... |
| KP Unique Identifier Code | |

Ask the patient the questions below for each of the 9 symptoms and circle the response for each question. After asking all questions, add the points for each column at the bottom. The total score is the sum of the column totals. Interpretation and management recommendations are provided at the bottom of the table.

| | Question: “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 |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|-------------------------|------------------|
| 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 that you have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7 | Trouble concentrating on things (linked with patient’s usual activities, such as reading the newspaper or listening to a radio programme) | 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 |
| | Total ____ = (add the points from each column) | 0 | + ____ | + ____ | + ____ |

| Interpretation of PHQ-9 Score and Recommended Management | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total Score | Provisional Diagnosis | Recommended Management |
| 0-4 | Depression unlikely | Repeat screening in future if new concerns that depression has developed |
| 5-9 | Mild depression | <ul style="list-style-type: none"> • Provide counselling support and continue to monitor; refer to mental health team if available • If patient is on EFV, substitute with a different ARV after ruling out treatment failure IF APPLICABLE (See Managing Single Drug Substitutions for ART) |
| 10-14 | Moderate depression* | <ul style="list-style-type: none"> • Provide supportive counselling (refer to a psychologist if available) • If patient is on EFV, substitute with a different ARV after ruling out treatment failure IF APPLICABLE (See “Managing Single Drug Substitutions for ART”) and • Refer to a medical officer, psychiatrist, or mental health team if available |
| 15-19 | Moderate-severe depression* | |
| 20-27 | Severe depression* | |
| <p>*Symptoms should ideally be present for at least 2 weeks for a diagnosis of depression and before considering treatment with antidepressant medication. Severe depression may require patients to start on anti-depressants immediately</p> | | |

| Clinical Notes |
|------------------------------|
| Action Taken: _____ _____ |
| Date: _____ |
| Signature: _____ |