January-25

Dear Provider:

Please see the following **PHQ-2 and PHQ-9 Depression Screening Forms**. For a more detailed explanation on these forms, please see below:

QUESTION	ANSWER
WHAT ARE THESE FORMS?	The **PHQ-2 and PHQ-9 Depression Screening Forms** are valid and reliable tools for screening patients for depression
WHY ARE WE SENDING THESE FORMS?	Depression is one of the most common complications of chronic illness. It is estimated that up to one-third of people with a serious medical condition have symptoms of depression. Depression can amplify physical symptoms associated with medical illness and increase impairment in functioning and mortality. Depression can also decrease adherence to prescribed regimens and is associated with adverse health behaviors (diet, exercise, smoking).
HOW SHOULD YOU USE THESE FORMS?	Screen all Medicare patients beginning with the PHQ2 form. If a patient scores anywhere above a "0" or is currently in treatment for depression, CMS requires that you also complete a PHQ9 form. If a patient has a chronic illness and tests positive for depression, it is important that you treat both at the same time by implementing and documenting a follow-up plan. Please include all completed forms and follow-up plans in the patient's medical record.
WHEN SHOULD YOU BEGIN USING THESE FORMS?	We recommend immediate implementation.

For any questions relating to this document, please contact: info@americanchoicehealthcare.com

Patient Health Questionnaire-2 (PHQ-2)

*Medicare Annual Wellness Visit Tool**

**For Patient Use*

Physician's Name:		**Date of Birth:**	
Patient's Name:		**Appointment Date:**	

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. *Do you have little interest or pleasure in doing things?*	0	1	2	3
2. *Have you been feeling down, depressed, or hopeless?*	0	1	2	3

Note: *If the patient has a positive PHQ-2 (anything other than "not at all"), please complete the PHQ-9.*

Cuestionario sobre la Salud del Paciente-2 (PHQ-2)

*Visita Annual para el Bienestar del Paciente Formulario**

**Para uso del paciente*

Nombre del Paciente:		**Fecha de Nacimiento:**	
Nombre del Medico:		**Fecha de la Cita:**	

Durante las últimas 2 semanas, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas?

(Marque con un "✔" para indicar su respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
1. *Usted tiene poco interés o placer en hacer cosas?*	0	1	2	3
2. *Se ha sentido decaído(a), deprimido(a) o sin esperanzas?*	0	1	2	3

Nota: *En el caso de un PHQ-2 positivo (cualquier respuesta que sea más que "ningún dia"), completaras un PHQ-9 con el paciente*

PHQ-9 Instructions*

**For Physician Use*

Physician's Name: _____

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

if there are at least 5✓s in the shaded section (one of which corresponds to Question #1 or #2).

Consider Other Depressive Disorder

if there are 2-4✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note:

Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (e.g., every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up✓s by column. For every✓: Several days = 1, More than half the days = 2, Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every✓Not at all = 0, Several days = 1;
More than half the days = 2, Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Note: If the patient has a positive PHQ-9, they must be reevaluated within 12 months and show remission.

Patient Health Questionnaire-9 (PHQ-9)

*Medicare Annual Wellness Visit Tool**

**For Patient Use*

Physician's Name:		**Date of Birth:**	
Patient's Name:		**Appointment Date:**	

Health Questionnaire:

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use a "✔" 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 :____

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
☐	☐	☐	☐

Cuestionario sobre la Salud del Paciente-9 (PHQ-9)

*Visita Annual para el Bienestar del Paciente Formulario**

**Para uso del paciente*

Nombre del Paciente:		**Fecha de Nacimiento:**	
Nombre del Medico:		**Fecha de la Cita:**	

Durante las últimas 2 semanas, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas? *(Marque con un "✔" para indicar su respuesta)*	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
1. *Poco interés o placer en hacer cosas*	0	1	2	3
2. *Se ha sentido decaído(a), deprimido(a) o sin esperanzas*	0	1	2	3
3. *Ha tenido dificultad para quedarse o permanecer dormido(a), o ha dormido demasiado*	0	1	2	3
4. *Se ha sentido cansado(a) o con poca energía*	0	1	2	3
5. *Sin apetito o ha comido en exceso*	0	1	2	3
6. *Se ha sentido mal con usted mismo(a) - o que es un fracaso o que ha quedado mal con usted mismo(a) o con su familia*	0	1	2	3
7. *Ha tenido dificultad para concentrarse en ciertas actividades, tales como leer el periódico o ver la televisión*	0	1	2	3
5. *¿Se ha movido o hablado tan lento que otras personas podrían haberlo notado? o lo contrario - muy inquieto(a) o agitado(a) que ha estado moviéndose mucho más de lo normal*	0	1	2	3
9. *Pensamientos de que estaría mejor muerto(a) o de lastimarse de alguna manera*	0	1	2	3
Para codificación	____ +	____ +	____ +	____
				=Total :____

Si marcó cualquiera de los problemas, ¿qué tanta dificultad le han dado estos problemas para hacer su trabajo, encargarse de las tareas del hogar, o llevarse bien con otras personas?

No ha sido difícil	Un poco difícil	Muy difícil	Extremadamente difícil
☐	☐	☐	☐