

## Personal Health Questionnaire Depression Scale (PHQ-8)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems? (circle **one** number on each line)

| How often during the past 2 weeks were you bothered by  | Not<br>at all | Several<br>days | More than<br>half<br>the days | Nearly<br>every day |
|---|---------------|-----------------|-------------------------------|---------------------|
| Little interest or pleasure in doing things   | 0             | 1               | 2                             | 3                   |
| 2. Feeling down, depressed, or hopeless   | 0             | 1               | 2                             | 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                   |
| <ol> <li>Moving or speaking so slowly that other<br/>people could have noticed. Or the opposit<br/>being so fidgety or restless that you have<br/>been moving around a lot more than usual</li> </ol> |               | 1               | 2                             | 3                   |

# **Scoring**

If two consecutive numbers are circled, score the higher (more distress) number. If the numbers are not consecutive, do not score the item. Score is the sum of the 8 items. If more than 1 item missing, set the value of the scale to missing. A score of 10 or greater is considered major depression, 20 or more is severe major depression.

### **Characteristics**

Tested on 1165 subjects with chronic conditions.

| No. of items | Observed<br>Range | Mean | Standard<br>Deviation | Internal Consistency<br>Reliability | Test-Retest<br>Reliability |
|--------------|-------------------|------|-----------------------|-------------------------------------|----------------------------|
| 8            | 0-24              | 6.63 | 5.52                  | .86                                 | NA                         |

## **Source of Psychometric Data**

U.S. National Chronic Disease Self-Management Study. Study described in Ory MG, Ahn S, Jiang L, et al. National study of chronic disease self-management: six month outcome findings. Journal of Aging and Health. 2013 [in press].

### **Comments**

This is an adaptation of the PHQ-9 scale. Since this scale is self-administered in our studies, question #9, "How often during the past 2 weeks were you bothered by thoughts that you would be better off dead, or of hurting yourself in some way?", was deleted. This scale available in Spanish.

### References

Kroenke K, Strine TW, Spritzer RL, Williams JB, Berry JT, Mokdad AH. The PHQ-8 as a measure of current depression in the general population. J Affect Disord. 2009; 114(1-3):163-73.

Razykov I, Ziegelstein RC, Whooley MA, Thombs BD. The PHQ-9 versus the PHQ-8--is item 9 useful for assessing suicide risk in coronary artery disease patients? Data from the Heart and Soul Study. J Psychosom Res. 2012; 73(3):163-168.

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