Assessment powered by NovoPsych

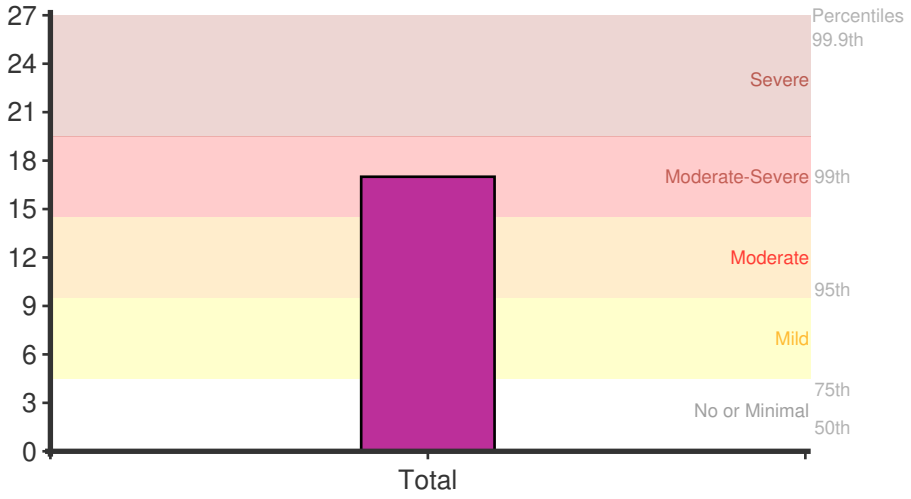
Patient Health Questionnaire - Depression (PHQ-9)

Client Name	Generic Client	*Date administered*	12 Sep 2024
Date of birth (age)	9 Aug 1998 (26)	*Time taken*	11s
Assessor	Dr Mandira Mishra		

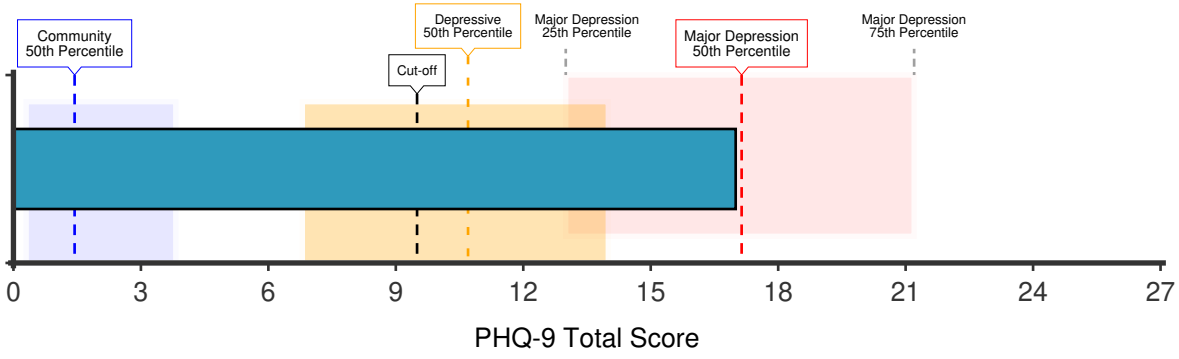
Results

	Score	Community Percentile	Descriptor
Total Score (0 to 27)	17	99	Moderate-Severe

PHQ-9 Total Score



Score Compared to Normative Community, Depressive, and Major Depression Populations



Interpretation

The respondent's total score on the PHQ-9 was in the **'Moderate-Severe'** range indicating pronounced depressive symptoms consistent with major depressive disorder that substantially affect daily functioning and quality of life.

Client Name	Generic Client

Scoring and Interpretation Information

For comprehensive information on the PHQ-9, see here.

A raw score (from 0 to 27) is presented where higher scores indicate more depressive symptoms. The scale classifies individuals into distinct severity categories based on their raw scores, as follows:

-No or minimal depression – Scores between 0 to 4 : Scores in this range suggest minimal depressive symptoms that do not significantly impact daily functioning. The majority (76%) of people in the community score within this range.

-Mild depression – Scores between 5 to 9 : Scores in this range suggest some depressive symptoms that may cause some difficulty in daily activities. Approximately 18% of the community scores within this range.

-Moderate depression – Scores between 10 to 14 : Scores in this range suggest moderate depressive symptoms that likely interfere with daily life and well-being. People who score in this range likely meet the diagnostic criteria for a depressive disorder.

-Moderate - severe depression – Scores between 15 to 19 : Scores in this range suggest pronounced depressive symptoms consistent with major depressive disorder that substantially affect daily functioning and quality of life.

-Severe depression – Scores between 20 to 27 : Scores in this range suggest severe depressive symptoms that profoundly disrupt daily activities and require immediate attention. Scores in this range are consistent with severe major depressive disorder.

Percentiles are calculated and provide a useful context for comparing a respondent's results with a normative community sample. A percentile of 50 represents typical patterns of responding, while higher percentiles represent higher levels of depressive symptoms. Percentiles of 76 and below corresponding to a raw score of 4, indicate no or minimal depressive symptoms (Kocalevent et al., 2013).

The horizontal graph presents the total score in comparison to individuals from the general population, individuals with major depression and people with a depressive disorder (other than major depression). Shaded areas are presented around the two middle quartiles (between the 25th and 75th percentile) (Kroenke et al., 2001; Kocalevent et al., 2013). The major depression distribution represents individuals diagnosed with major depression. The depressive distribution represents scores from individuals who have other depressive disorder, such as dysthymic disorder or adjustment disorder with depressed mood.

Scores of 10 or more have been shown to reliably predict major depression, with a sensitivity of 81.4%, meaning that 81.4% of individuals who truly have the condition score above this point. The Positive Predictive Value (PPV) is 92.2%, indicating that when a score is 10 or more, there is a 92.2% chance the individual actually has major depression (Urtasun et al., 2019).

When using the PHQ-9 to track symptoms over time, a significant change in score is defined as an increase or decrease of 5 or more points. This criterion is based on the Reliable Change Index. Such changes indicate reliable and significant improvement or deterioration in symptoms.

Client Name	Generic Client

Scoring and Interpretation Information (cont.)

Higher scores on the PHQ-9 indicate more severe depressive symptoms, which can be particularly concerning when coupled with comorbid mental disorders. Individuals with elevated PHQ-9 scores may experience intensified feelings of sadness, anxiety, or distress, making it more challenging to manage daily responsibilities and relationships (Johansson et al., 2013). This can lead to poorer life outcomes, such as increased absenteeism at work or school, greater difficulty in social interactions, and is associated with higher prevalence of substance use (Johansson et al., 2013). The PHQ-9 focuses on depressive symptoms and therefore does not detect other high prevalence disorders such as anxiety or general levels of psychological distress.

Client Responses

		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