



Patient Mania Questionnaire & Patient Health Questionnaire - Depression (PMQ-9-PHQ-9)

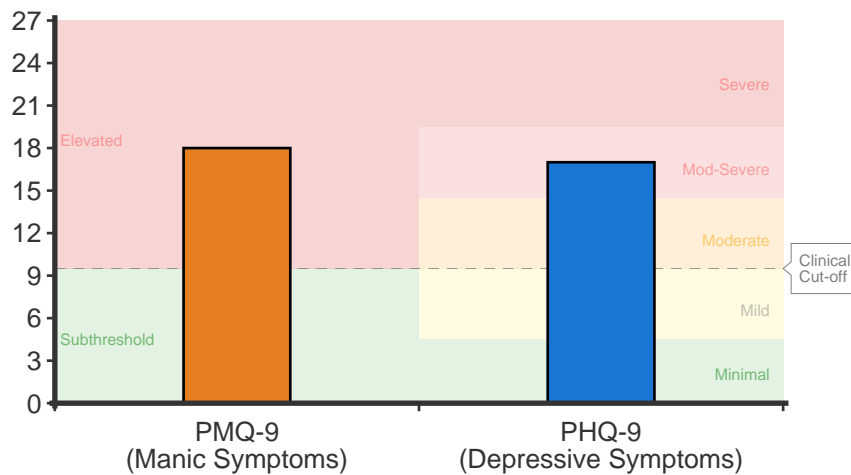
<i>Client Name</i>	Generic Client	<i>Date administered</i>	17 Mar 2026
<i>Date of birth (age)</i>	14 Dec 2015 (10)	<i>Time taken</i>	52s
<i>Assessor</i>	Dr David Hegarty		

PMQ-9 and PHQ-9 Paired Results

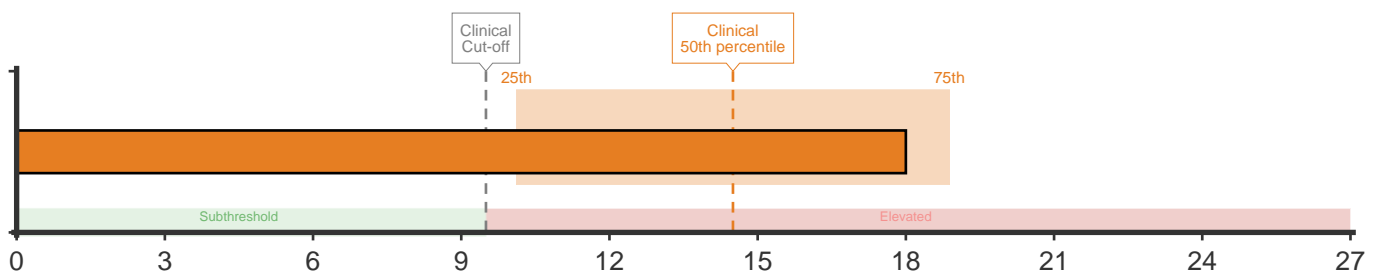
	Total Score (0-27)	Percentile	Classification
PMQ-9 (Manic Symptoms)	18	70 (Clinical)	Elevated
PHQ-9 (Depressive Symptoms)	17	99 (Community)	Elevated (Moderate-Severe)

This respondent has indicated risk of self-harm or suicide. It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.

PMQ-9 and PHQ-9 Total Scores



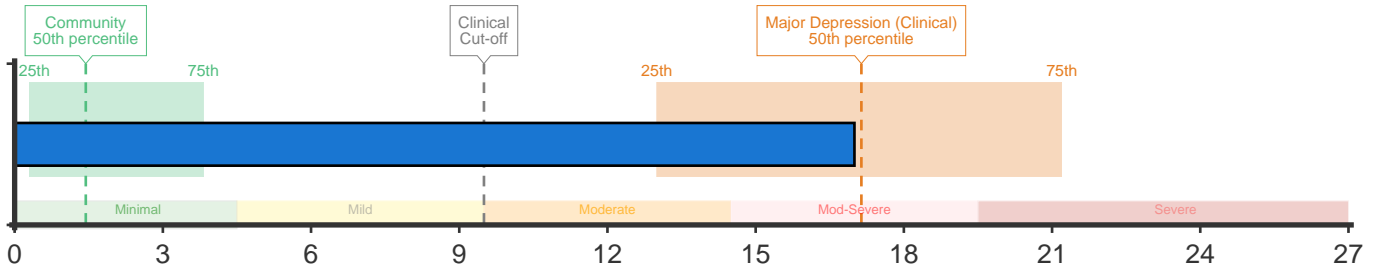
PMQ-9 Total Score in Comparison to Bipolar Disorder Clinical Distribution





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PHQ-9 Total Score in Comparison to Community Distribution and Major Depression (Clinical) Distribution



Interpretation

Risk of Self-Harm or Suicide

The respondent has indicated thoughts related to self-harm or suicidality (question 18). It is recommended that suicide risk assessment protocols are followed to determine the severity and immediacy of the risk.

The PMQ-9 and PHQ-9 Paired Screening was administered on 17 March 2026. This assessment combines the Patient Mania Questionnaire (PMQ-9), measuring manic symptoms over the past week, and the Patient Health Questionnaire (PHQ-9), measuring depressive symptoms over the past two weeks.

Mood State Classification. Based on the combined PMQ-9 and PHQ-9 results, the respondent's current mood state is classified as: High depressive and high manic symptom burden. Both manic and depressive symptoms are elevated above their respective clinical cut-offs, which may be consistent with a mixed mood presentation.

PMQ-9 (Manic Symptoms). The respondent obtained a PMQ-9 total score of 18 out of 27, falling at the 70th percentile compared to a clinical sample of individuals with bipolar disorder. This score is above the clinical cut-off of 10, suggesting elevated manic symptoms that may warrant further assessment. In particular, the respondent endorsed the following manic symptoms:

- 2. Felt easily irritated (Nearly Every Day)
- 8. Felt argumentative (Nearly Every Day)
- 9. Had racing thoughts (Nearly Every Day)

PHQ-9 (Depressive Symptoms). The respondent obtained a PHQ-9 total score of 17 out of 27, which falls in the Moderate-Severe range (99th percentile compared to a community sample). This score is above the clinical cut-off of 10, indicating that the respondent is experiencing depressive symptoms consistent with major depressive disorder. In particular, the respondent endorsed the following depressive symptoms:

- 11. Feeling down, depressed, or hopeless (Nearly Every Day)
- 15. Feeling bad about yourself — or that you are a failure or have let yourself or your family down (Nearly Every Day)
- 10. Little interest or pleasure in doing things (More Than Half of Days)



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Scoring and Interpretation Information

For comprehensive information on the PMQ-9, [see here](#).

The PMQ-9 assesses symptoms over the past week, whereas the standard PHQ-9 assesses bothersome symptoms over the past two weeks (Kroenke et al., 2001; Cerimele et al., 2022). In the PMQ-9 validation study, the PHQ-9 timeframe was modified to match the PMQ-9 (Cerimele et al., 2022). In NovoPsych, the standard PHQ-9 two-week timeframe as well as instructions are retained. Clinicians should consider these differences when interpreting paired results, as well as when comparing PHQ-9 scores directly against the validation study benchmarks.

Within the NovoPsych platform, the paired assessment is administered sequentially, with the PMQ-9 presented first (items 1–9) followed by the PHQ-9 (items 10–18). The PMQ-9 and PHQ-9 results are summed to yield a total score from 0 to 27 for each measure, with higher scores indicating greater symptom severity.

Interpreting the PMQ-9 and PHQ-9 Scores

Both the PMQ-9 and PHQ-9 use a clinical cut-off score of 10 to classify symptom severity as either:

- Subthreshold (scores 0–9) or
- Elevated (scores 10–27)

This shared classification framework allows for direct comparison between manic and depressive symptom burden, and underpins the four mood state classifications used in this report.

Interpreting the PMQ-9 Score

The PMQ-9 total score reflects the severity of manic symptoms experienced over the past week. Unlike the PHQ-9, the PMQ-9 does not have validated severity bands (e.g., mild, moderate, severe). Instead, available provisional evidence supports the use of a single cut-off of 10 or greater to distinguish subthreshold versus elevated manic symptom severity for monitoring purposes.

In addition to the raw score, percentile information is based on a longitudinal bipolar disorder clinical sample and provides descriptive context for interpreting an individual's score relative to others in this clinical group. When tracking symptoms over time, a change of approximately 3 points on the PMQ-9 between sessions has been proposed as clinically meaningful.

Interpreting the PHQ-9 Score

The PHQ-9 total score reflects the severity of depressive symptoms over the past two weeks, with higher scores indicating more severe symptoms consistent with major depressive disorder. As with the PMQ-9, scores of 10 or more are classified as Elevated and scores below 10 as Subthreshold. Additionally, the PHQ-9 has well-established, validated severity descriptors which are shown in brackets alongside the Subthreshold/Elevated classification:

- 0–4: Subthreshold (No or Minimal)
- 5–9: Subthreshold (Mild)
- 10–14: Elevated (Moderate)
- 15–19: Elevated (Moderately-Severe)
- 20–27: Elevated (Severe)



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Percentile information based on community and clinical samples provides additional context for comparing an individual's score with normative data. When monitoring change over time, a change of 5 or more points is typically considered reliable and clinically significant.

Paired PMQ-9 and PHQ-9 Interpretation

When administered together, the PMQ-9 and PHQ-9 support a paired interpretation framework that allows for monitoring manic and depressive symptoms concurrently in bipolar disorder.

Each measure is scored and interpreted independently; however, interpreting the two scores together provides clinically useful information about relative symptom patterns over time, consistent with a measurement-based care approach (Cerimele et al., 2022).

Based on the proposed approach in the PMQ-9 literature, PMQ-9 and PHQ-9 total scores are each dichotomised using a cutoff score of 10, resulting in four possible paired symptom profiles (Cerimele et al., 2022). While these mood state classifications have not been formally validated for clinical decision-making, they provide a strong provisional descriptive framework for monitoring symptom patterns.

PMQ-9 and PHQ-9 Interpretation Framework:

- Subthreshold depressive and subthreshold manic symptom burden (PMQ-9 less than 10, PHQ-9 less than 10): Both manic and depressive symptom scores fall below the cutoff of 10.
- High depressive and subthreshold manic symptom burden (PMQ-9 less than 10, PHQ-9 of 10 or greater): Depressive symptoms are elevated while manic symptoms remain below the cutoff.
- Subthreshold depressive and high manic symptom burden (PMQ-9 of 10 or greater, PHQ-9 less than 10): Manic symptoms are elevated while depressive symptoms remain below the cutoff.
- High depressive and high manic symptom burden (PMQ-9 of 10 or greater, PHQ-9 of 10 or greater): Both manic and depressive symptom scores are elevated.

This paired approach allows clinicians to monitor changes in both symptom domains over time and identify shifts between mood states that may require treatment adjustments. Longitudinal tracking of these mood-state classifications provides clinically actionable information on symptom course and treatment response.

PMQ-9 and PHQ-9 Graphs

On first administration of the paired PMQ-9 and PHQ-9 assessment, three visualisations are presented to support clear interpretation of manic and depressive symptoms within a measurement-based care framework.

- Paired Total Score Bar Chart: Displays the client's total PMQ-9 and PHQ-9 scores side-by-side on the same scale, with a reference line at a cutoff score of 10 for each. For the PHQ-9, validated severity thresholds (Minimal, Mild, Moderate, Moderately Severe, and Severe) are also shown. This provides an immediate visual summary of relative manic and depressive symptom severity and supports paired interpretation.
- PMQ-9 Horizontal Distribution Chart: Positions the client's PMQ-9 score relative to a single clinical reference population derived from the longitudinal bipolar disorder sample used in the PMQ-9 validation study. Percentiles provide descriptive context for manic symptom severity compared with other individuals receiving clinical care.
- PHQ-9 Horizontal Distribution Chart: Positions the client's PHQ-9 score relative to both a community and a clinical (major depressive disorder) reference population, allowing clinicians to compare depressive symptom severity against typical and clinical presentations.



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When multiple administrations are available, the initial score visualisations are replaced by a Multi-Administration Line Plot. These plots display PMQ-9 and PHQ-9 total scores across all administrations as line graphs plotted against time, with the cut score of 10 shown as a reference for each measure. This visualisation enables clinicians to monitor symptom trajectories over time, track treatment response, and identify patterns of improvement, deterioration, or shifts between manic, depressive, and mixed symptom presentations.

Client Responses

PMQ-9 (Manic Symptoms)

		Not at all	Several Days	More Than Half of Days	Nearly Every Day
1	Had little or no sleep, and still felt energized	0	1	2	3
2	Felt easily irritated	0	1	2	3
3	Felt overactive	0	1	2	3
4	Acted impulsively or done things without thinking about consequences	0	1	2	3
5	Felt sped up or restless	0	1	2	3
6	Been easily distracted	0	1	2	3
7	Felt pressure to keep talking or been told by someone you are more talkative	0	1	2	3
8	Felt argumentative	0	1	2	3
9	Had racing thoughts	0	1	2	3

PHQ-9 (Depressive Symptoms)

		Not at all	Several Days	More Than Half of Days	Nearly Every Day
10	Little interest or pleasure in doing things	0	1	2	3
11	Feeling down, depressed, or hopeless	0	1	2	3



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Client Responses (cont.)

		Not at all	Several Days	More Than Half of Days	Nearly Every Day
12	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
13	Feeling tired or having little energy	0	1	2	3
14	Poor appetite or overeating	0	1	2	3
15	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
16	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
17	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
18	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3