

Patient Health Questionnaire: 9 item: Clinician Report

Patient: Alex Smith
Assessment date: 2026-05-18
Previous assessment: 2026-04-01 (score 20.0)

TOTAL SCORE

16 / 27

Severity: Moderately severe (15–19)

CLINICIAN REVIEW REQUIRED

- Item endorsing suicidal ideation or self-harm: mandatory clinician review required before this report can be finalised.

CUTPOINT CROSSED

Threshold	Label
>= 5	Threshold for any clinically elevated depressive symptoms
>= 10	Primary cut-point for probable major depressive disorder (Se 0.88, Sp 0.85)

SAFETY ALERT

[REVIEW REQUIRED] Item 9 (thoughts of being better off dead or of hurting oneself) was endorsed at the 'several days' level. A formal suicide risk assessment must be completed irrespective of the total score.

SCORE STATEMENT

The patient completed the PHQ-9 on 2026-05-18, obtaining a total score of 16/27, placing in the Moderately severe range (15–19).

SEVERITY INTERPRETATION

Scores in the moderately severe range (15–19) indicate substantial depressive symptomatology consistent with significant functional impact and clear treatment need.

SYMPTOM PROFILE

Symptom profile. The response pattern is mood-dominant, with anhedonia, depressed mood, sleep disturbance, fatigue or low energy, guilt or worthlessness, and poor concentration endorsed at or above the "more than half the days" level and a co-occurring cognitive cluster. Item 9 (thoughts of self-harm or being better off dead) was endorsed at the 'several days' level. The profile is consistent with a moderately severe depressive presentation with mood disturbance as the prominent feature.

CLINICAL CAVEATS

Functional impairment. When asked how difficult these problems have made it to do work, take care of things at home, or get along with other people, the patient indicated: **Very difficult**. This qualitative response is recorded alongside the numerical score and contributes to the overall clinical picture of functional impact.

RECOMMENDATION

Moderately severe depression (PHQ-9 15 to 19) has been associated with substantial functional impairment and with a higher likelihood of clinical benefit from active treatment than mild or moderate presentations (Kroenke et al. 2001; Levis et al. 2019). The strongest effect sizes at this severity in meta-analyses have been observed for combined treatment (psychological therapy plus pharmacotherapy), with both monotherapies also supported by trial evidence (NICE NG222, 2022; RANZCP CPG, 2020). Considerations described in the literature for treatment selection include any history of bipolar disorder, prior antidepressant response, current suicide-related risk, comorbidity, and patient preference. Frequent review intervals (one to two weeks initially, then two to four weeks) with serial PHQ-9 administration have been associated with earlier detection of non-response. *These notes summarise the published evidence base for this presentation pattern and are intended for clinician consideration. They do not constitute individual treatment recommendations and may not apply to every person; clinical judgement and knowledge of the full clinical picture take precedence.*

CHANGE SINCE PREVIOUS ASSESSMENT

The score decreased by 4 points over a 6-week interval (from 20 to 16). This falls below the reliable change threshold (~6 points; McMillan et al., 2010) and falls below the minimum clinically important difference (~5 points; Löwe et al., 2004).

SCALE INFORMATION

Scale information. The PHQ-9 is a 9-item self-report measure of depressive symptoms over the past 2 weeks. Score range 0 to 27. Sensitivity 0.88 and specificity 0.85 for major depressive disorder at cutoff ≥ 10 (Levis et al., 2019, individual patient data meta-analysis, $N > 17,000$). Validated across primary care, medical, psychiatric, and community samples. The instrument is a screening and severity tool; diagnosis requires clinical assessment.

ITEM RESPONSES

Rating scale: 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day			
#	Description	Response	Score
1	Little interest or pleasure in doing things	More than half the days	2
2	Feeling down, depressed, or hopeless	Nearly every day	3
3	Trouble falling or staying asleep, or sleeping too much	More than half the days	2
4	Feeling tired or having little energy	More than half the days	2
5	Poor appetite or overeating	Several days	1
6	Feeling bad about yourself; or that you are a failure or have let yourself or your family down	More than half the days	2
7	Trouble concentrating on things, such as reading the newspaper or watching television	More than half the days	2
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	Several days	1
9*	Thoughts that you would be better off dead or of hurting yourself in some way	Several days	1