

SBIRT Secondary Depression Screening Guide (PHQ9)

- Add the numbers associated with the corresponding answers plus the total from the 2 PHQ questions in the initial screen.
- Score of 3-4 = No Further Action
- Score of 5-9 = Conduct Brief Intervention (BI)
- Score of 10-14 = Conduct Brief Treatment (BT)
- Score of 15+ = Referral to Treatment (RT)

Over the last 2 weeks, how often have you been bothered by any of the following problems?		
<p>Trouble falling or staying asleep, or sleeping too much</p> <p>No 0t all Several 1 days More than 2 half the days Nearly 3 every day</p>		
<p>Feeling tired or having little energy</p> <p>No 0t all Several 1 days More than 2 half the days Nearly 3 every day</p>		
<p>Poor appetite or overeating</p> <p>No 0t all Several 1 days More than 2 half the days Nearly 3 every day</p>		
<p>Feeling bad about yourself — or that you are a failure or have let yourself or your family down</p> <p>No 0t all Several 1 days More than 2 half the days Nearly 3 every day</p>		
<p>Trouble concentrating on things, such as reading the newspaper or watching television</p> <p>No 0t all Several 1 days More than 2 half the days Nearly 3 every day</p>		
<p>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</p> <p>No 0t all Several 1 days More than 2 half the days Nearly 3 every day</p>		
<p>Thoughts that you would be better off dead or of hurting yourself in some way</p> <p>No 0t all Several 1 days More than 2 half the days Nearly 3 every day</p>		
For Office Use Only		TOTAL :
Interpretation: 3-4 (Nothing); 5-9 (BI); 10-14 (BT); 15+ (RT)		
SBIRT CLASS		
_____ * Brief Intervention conducted		PT REF
_____ ** Brief Treatment plan of care made & scheduled _____		PT REF
_____ ***Referral to Treatment : referral to provider made & assessment scheduled		PT REF
NEXT STEPS FOR DATA COLLECTION		
BI * ---> [Complete Section B]		BT** or RT*** [Anticipate Completion of B-H]