

PHQ-9/Prime-MD Questionnaire Monitoring Flowsheet

Patient Name: _____ DOB: _____ Chart #: _____

Currently on antidepressant? Yes ___ No ___ Antidepressant/Dose _____

Prior history of depression? Yes ___ No ___ Prior antidepressant use? Yes ___ No ___

If yes, what antidepressant/dose used in past? _____

Seeing Behavioral Medicine Provider (BMP)? Yes ___ No ___

If yes, who is BMP? _____

Month of Treatment	Date of Test	PHQ-9 / Prime-MD Score	Score > 10? Yes/No	Intervention or Antidepressant/Dose
Baseline				
Month 1				
Month 2				
Month 3				
Month 4				
Month 5				
Month 6				

Interpretation of Total Score PHQ-9/Prime-MD

Total Score	Depressive Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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