



## 2017 CMS Web Interface

### MH-1 (NQF 0710): Depression Remission at Twelve Months

Measure Steward: MNMCM

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**INTRODUCTION**

There are a total of 15 individual measures (including one composite consisting of two measures) included in the 2017 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The Measure Documents are being provided to allow group practices and Accountable Care Organizations (ACOs) an opportunity to better understand each of the 15 individual measures included in the 2017 CMS Web Interface data submission method. Each Measure Document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

**WEB INTERFACE SAMPLING INFORMATION****BENEFICIARY SAMPLING**

For more information on the sampling process and methodology please refer to the *2017 Web Interface Sampling Document*, available at CMS.gov.

**NARRATIVE MEASURE SPECIFICATION****DESCRIPTION:**

Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment

**IMPROVEMENT NOTATION:**

Higher score indicates better quality

**INITIAL POPULATION:**

Patients age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during the index visit

**DENOMINATOR:**

Equals Initial Population

**DENOMINATOR EXCLUSIONS:**

- Patients who died
- Patients who received hospice or palliative care services
- Patients who were permanent nursing home residents
- Patients with a diagnosis of bipolar disorder
- Patients with a diagnosis of personality disorder

**DENOMINATOR EXCEPTIONS:**

None

**NUMERATOR:**

Patients who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days grace period) PHQ-9 score of less than five

**NUMERATOR EXCLUSIONS:**

Not Applicable

**DEFINITIONS:**

**Index Date** - the first instance (12/1/2015 to 11/30/2016) of elevated PHQ-9 greater than nine and diagnosis of depression or dysthymia.

**Remission** - is defined as a PHQ-9 score of less than five.

**Twelve Months** - is defined as the point in time from the date that a patient meets the Initial Population inclusion criteria (diagnosis and PHQ-9 score greater than nine) extending out twelve months and then allowing a grace period of thirty days prior to and thirty days after this date. The most recent PHQ-9 score less than five obtained during this two month period is deemed as remission at twelve months, values obtained prior to or after this period are not counted as numerator compliant (remission).

**GUIDANCE:**

None

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SUBMISSION GUIDANCEPATIENT CONFIRMATION

Establishing patient eligibility for reporting requires the following:

- Determine if the patient's medical record can be found
  - If you can locate the medical record select "Yes"
- OR
- If you cannot locate the medical record select "No - Medical Record Not Found"
- OR
- Determine if the patient is qualified for the sample
  - If the patient is deceased, in hospice, moved out of the country or was enrolled in HMO select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible

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**Guidance** Patient Confirmation

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*If "No – Medical Record Not Found" or "Not Qualified for Sample" is selected, the patient is completed but not confirmed. The patient will be "skipped" and another patient must be reported in their place, if available. The Web Interface will automatically skip any patient for whom "No – Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have sampled.*

*If "Not Qualified for Sample" is selected and the date is unknown, you may enter the last date of the measurement period (i.e., 12/31/2017).*

*The Measurement Period is defined as January 1 – December 31, 2017.*

**NOTE:**

- **In Hospice:** Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care)
  - **Moved out of Country:** Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period
  - **Deceased:** Select this option if the patient died during the measurement period
  - **HMO Enrollment:** Select this option if the patient was enrolled in an HMO at any time during the measurement period (i.e., Medicare Advantage, non-Medicare HMOs, etc.)
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## SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION

- Determine if the patient has an active diagnosis of major depression or dysthymia during the denominator identification period (index date - 12/1/2015 to 11/30/2016)
  - If the patient has a documented diagnosis of major depression or dysthymia in the medical record select "Yes"
- OR
- If you are unable to confirm the diagnosis of major depression or dysthymia for the patient select "Not Confirmed - Diagnosis"
- OR
- If there is a denominator exclusion for patient disqualification from the measure select ["Denominator Exclusion"](#)
- OR
- If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

Denominator and Denominator Exclusion codes can be found in the 2017 Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

**Guidance** **Denominator**

*If "Not Confirmed – Diagnosis" or "Denominator Exclusion" or "No – Other CMS Approved Reason" is selected, the patient will be "skipped" and another patient must be reported in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all Web Interface measures.*

*CMS Approved Reason may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure, and reason for request in a Quality Payment Program Service Desk inquiry. A CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.*

*By selecting "No - Other CMS Approved Reason", the patient is only removed from the measure for which the reason was requested, not all Web Interface measures.*

**NOTE:**

- **Active Diagnosis** is defined as a diagnosis that is either on the patient's problem list, a diagnosis code listed on the encounter, or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the measurement period
- **Encounters in a Psychiatric, Behavioral, or Mental Health Setting** require the diagnosis of depression or dysthymia to be a primary diagnosis
- **Denominator identification period** or index date, patient must be aged 18 years of age or older
- **Denominator Exclusions** can occur any time during the denominator identification measurement period or the measurement assessment period
- **Permanent Nursing Home Resident** is defined as a patient who is residing in a skilled nursing facility on a long term basis. It does not include patients who are receiving short term rehabilitative services following a hospital stay, nor does it include patients residing in assisted living or group home settings



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## SUBMISSION GUIDANCE

### DENOMINATOR CONFIRMATION

- Determine if the patient had one or more PHQ-9s administered during the denominator identification measurement period (Index Date) between 12/1/2015 and 11/30/2016

- If the patient did not have a PHQ-9 administered during the denominator identification measurement period select "No"

OR

- If the patient did have a PHQ-9 administered during the denominator identification measurement period select "Yes"

Denominator codes can be found in the 2017 Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

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Guidance	Denominator
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*If "No" is selected, the patient is not considered denominator eligible. The patient will be "skipped" and another patient must be reported in their place, if available.*

**NOTE:**

- **PHQ-9 administration** does not require a face-to-face visit; multiple modes of administration are acceptable (telephone, mail, e-visit, email, patient portal, iPad/tablet, or patient kiosk)
  - **Index date** marks the start of the measurement assessment period for each patient which is 13 months (12 months +/- 30 days) in length to allow for a follow-up PHQ-9 between 11 and 13 months following the index date. This assessment period is fixed and does not "start over" with a higher PHQ-9 that may occur after the index date
-

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## SUBMISSION GUIDANCE

### DENOMINATOR CONFIRMATION

- Determine if the patient had a PHQ-9 score greater than 9 between 12/1/2015 and 11/30/2016
  - If the patient did not have a PHQ-9 greater than 9 during the denominator identification measurement period select "No"
- OR
- If the patient did have a PHQ-9 greater than 9 during the denominator identification measurement period select "Yes"

#### IF YES

- Record the date of the index PHQ-9 score greater than 9 in MM/DD/YYYY format

#### AND

- Enter the score of the PHQ-9 associated with the Index Date

Denominator codes can be found in the 2017 Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

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### **Guidance**   *Denominator*

*If "No" is selected, the patient is not considered denominator eligible. The patient will be "skipped" and another patient must be reported in their place, if available.*

#### **NOTE:**

- ***Enter the first instance of PHQ-9 greater than 9 that is also associated with a diagnosis of major depression or dysthymia during the time period of 12/1/2015 and 11/30/2016. This is the Index Date for this patient and marks the start of the 13 month assessment period (12 months +/- 30 days)***
  - ***All nine questions must be answered to have a valid summary score. If a patient chooses more than one response for a single question, select the "worse" response (higher number) to calculate the summary score***
-

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**SUBMISSION GUIDANCE****NUMERATOR REPORTING**

- Determine if the patient had one or more PHQ-9s administered during the Measurement Assessment Period (12 months +/- 30 days from the Index Date)
  - If the patient did not have one or more PHQ-9s administered during the Measurement Assessment Period, select "No"

**OR**

- If the patient did have one or more PHQ-9s administered during the Measurement Assessment Period, select "Yes"

Numerator codes can be found in the 2017 Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

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## SUBMISSION GUIDANCE

### NUMERATOR REPORTING

- Determine if the patient achieved remission with a follow-up PHQ-9 performed and a score less than 5 at 12 months (+/- 30 days) of the initial (index date) PHQ-9 score greater than 9

- If the patient did not have a PHQ-9 less than 5 select "No"

OR

- If the patient did have a PHQ-9 less than 5 select "Yes"

IF YES

- Record the date of the index PHQ-9 score greater than 9 in MM/DD/YYYY format

AND

- Enter the score of the PHQ-9 associated with the Index Date

Numerator codes can be found in the 2017 Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

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Guidance	Numerator
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#### NOTE:

- *If more than one PHQ-9 score was obtained between the 11 and 13 month window, select the most recent PHQ-9 date and score within that window*
  - *Scores obtained prior to or after this period are not counted as numerator compliant (remission)*
  - *Patient remission, a follow-up PHQ-9 result <5, may be determined during a telehealth encounter*
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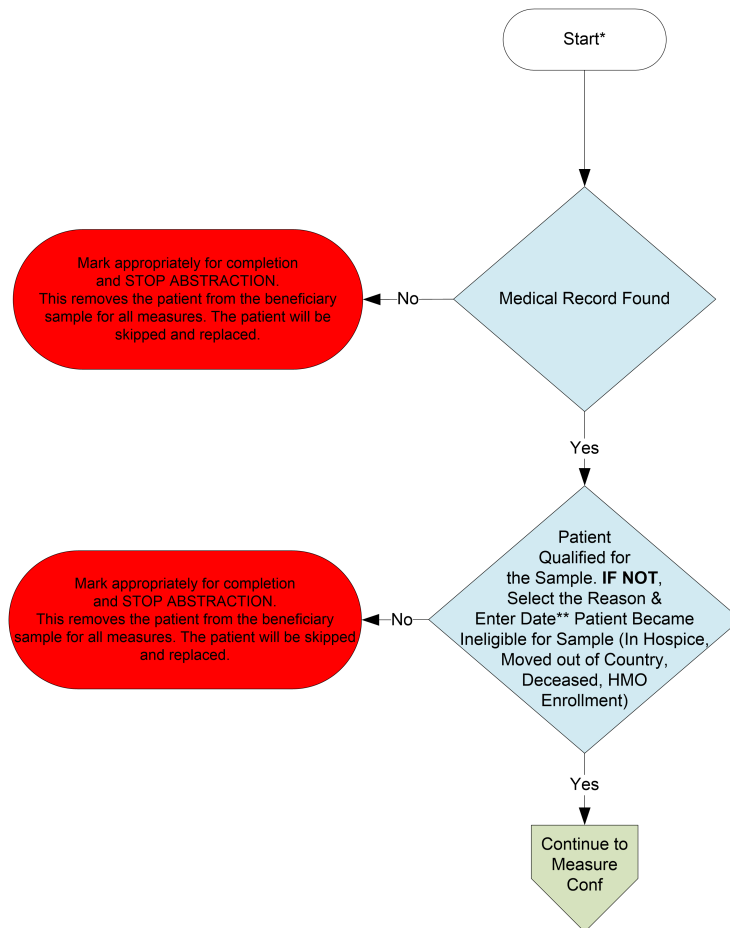
**DOCUMENTATION REQUIREMENTS**

When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

## Appendix I: Performance Calculation Flow

## Patient Confirmation Flow

For 2017, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient.

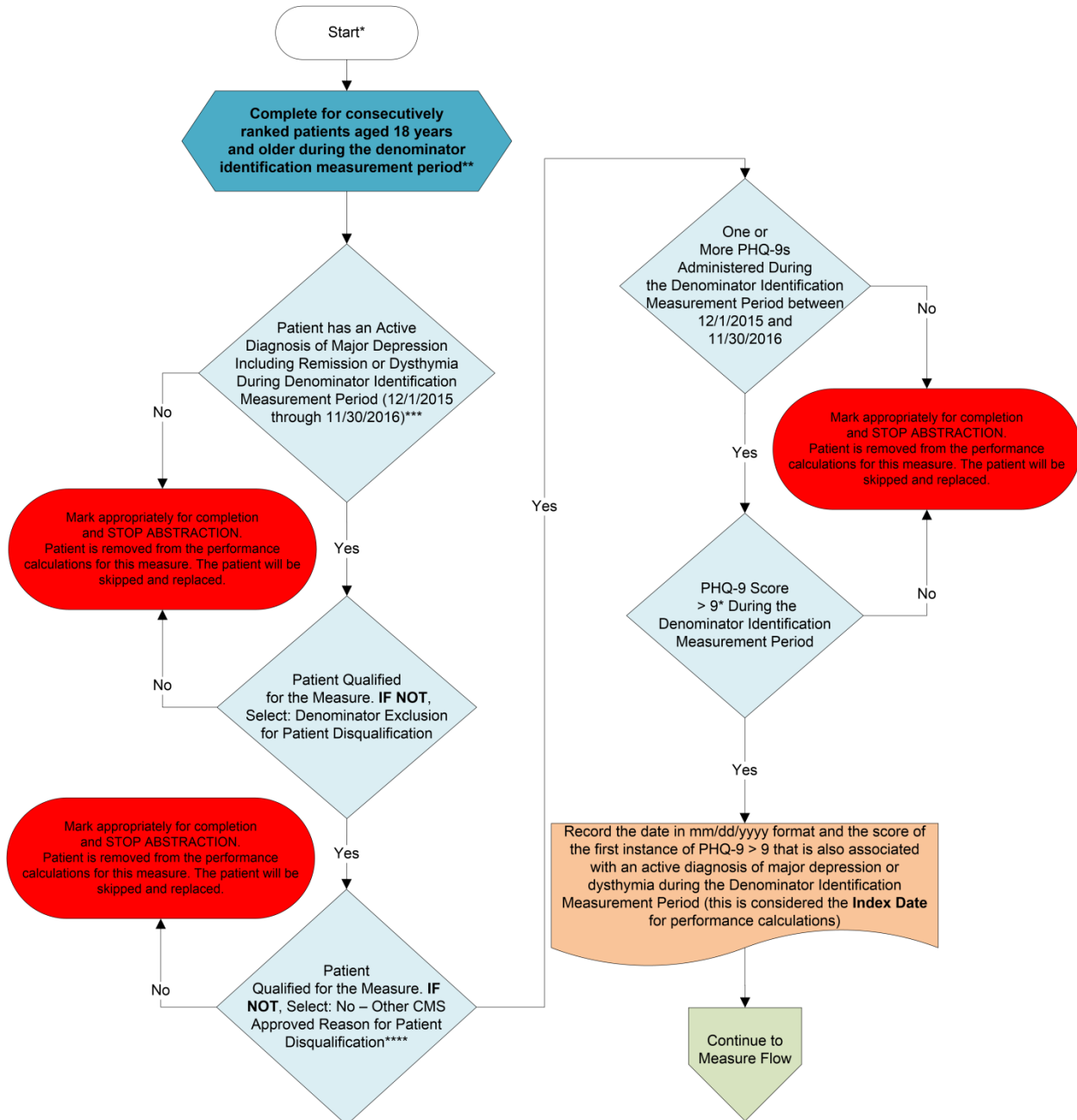


\*See the Measure Reporting Document for further instructions on how to report this measure

\*\*If date is unknown, enter 12/31/2017

## Measure Confirmation Flow for MH-1

For 2017, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.



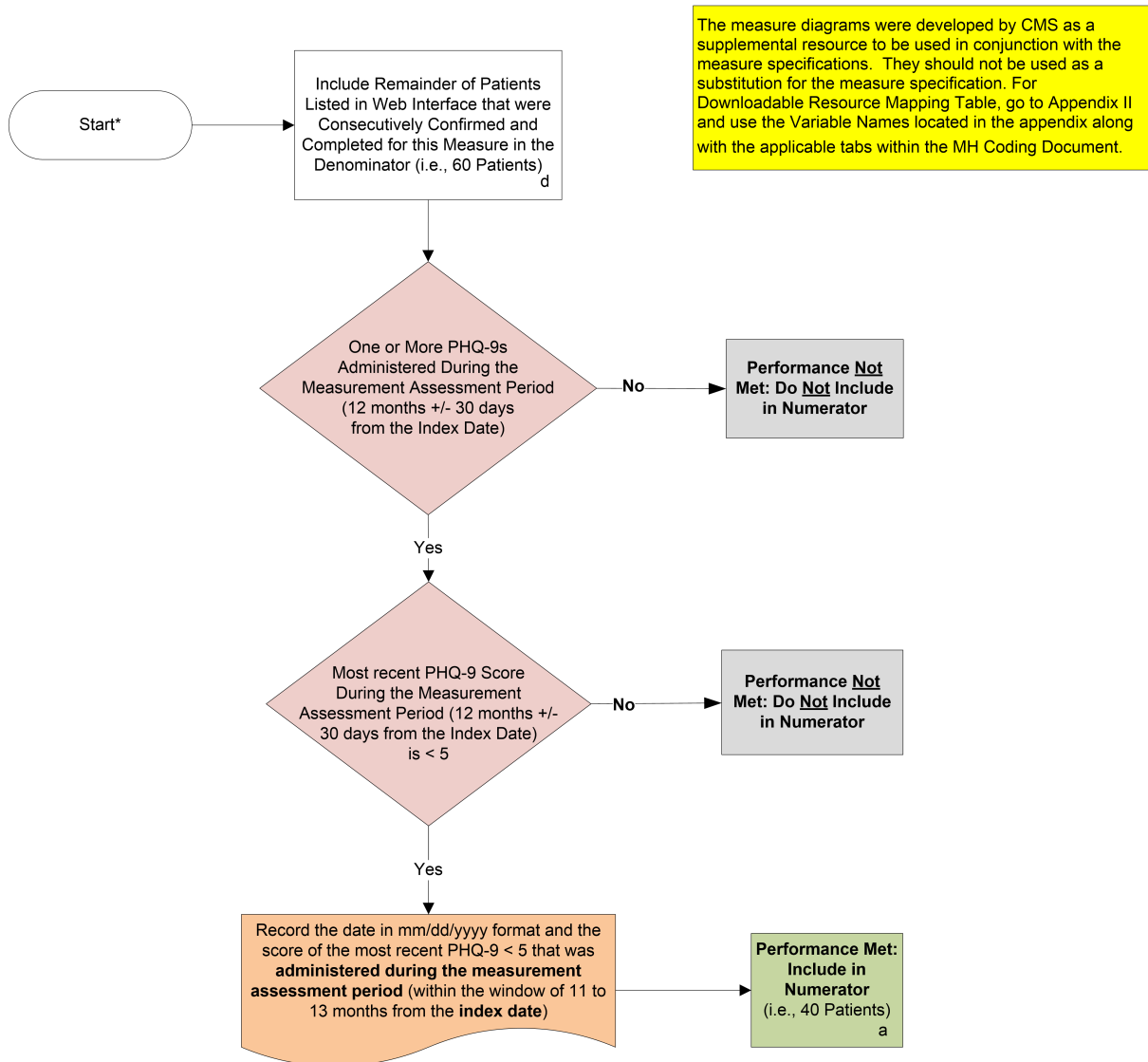
\*See the Measure Reporting Document for further instructions on how to report this measure

\*\*Further information regarding patient selection for specific disease and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the MH-1 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

\*\*\*The active diagnosis of Major Depression Including Remission or Dysthymia may correspond to a primary diagnosis at a psychiatric visit or any diagnosis (primary, secondary, etc.) at an office visit

\*\*\*\*"Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov

## Measure Flow for MH-1

**SAMPLE CALCULATION:****Performance Rate=**

$$\frac{\text{Performance Met (a=40 Patients)}}{\text{Denominator (d=60 Patients)}} = \frac{40 \text{ Patients}}{60 \text{ Patients}} = 66.67\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

\*See the Measure Reporting Document for further instructions on how to report this measure



### Patient Confirmation Flow

For 2017, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient. Refer to the Measure Reporting Document for further instructions.

1. Start Patient Confirmation Flow.
2. Check to determine if Medical Record can be found.
  - a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
  - b. If yes, Medical Record found, continue processing.
3. Check to determine if Patient Qualified for the sample.
  - a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2017) the patient became ineligible for sample. For example; In Hospice, Moved out of Country, Deceased, HMO Enrollment. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
  - b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for MH-1.

### Measure Confirmation Flow for MH-1

For 2017, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears. Refer to the Measure Reporting Document for further instructions.

1. Start Measure Confirmation Flow for MH-1. Complete for consecutively ranked patients aged 18 years and older during the denominator identification measurement period. Further information regarding patient selection for specific disease and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the MH-1 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient has an active diagnosis of major depression including remission or dysthymia during the denominator identification measurement period (12/1/2015 through 11/30/2016). The active diagnosis of major depression including remission or dysthymia may correspond to a primary diagnosis at a psychiatric visit or any diagnosis (primary, secondary, etc.) at an office visit.
  - a. If no, the patient does not have an active diagnosis of major depression including remission or dysthymia during the denominator identification measurement period, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing
  - b. If yes, the patient does have an active diagnosis of major depression including remission or dysthymia during the denominator identification measurement period, continue processing.
3. Check to determine if the patient qualifies for the measure (Denominator Exclusion).
  - a. If no, the patient does not qualify for the measure select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.
  - b. If yes, the patient does qualify for the measure, continue processing.
4. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
  - a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. "Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at [QPP Service Desk](#). Stop processing.
  - b. If yes, the patient does qualify for the measure, continue processing.
5. Check to determine if the patient had one or more PHQ-9s administered during the denominator identification measurement period between 12/1/2015 and 11/30/2016.
  - a. If no, the patient did not have one or more PHQ-9s administered during the denominator identification measurement period, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.
  - b. If yes, the patient did have one or more PHQ-9s administered during the denominator identification measurement period, continue processing.
6. Check to determine if the patient had any PHQ-9 score greater than 9 during the denominator identification measurement period.

- a. If no, the patient does not have a PHQ-9 score greater than 9 during the denominator identification measurement period, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.
- b. If yes, the patient does have a PHQ-9 score greater than 9 during the denominator identification measurement period, record the date in mm/dd/yyyy format and the score of the first instance of PHQ-9 greater than 9 that is also associated with an active diagnosis of major depression or dysthymia during the denominator identification measurement period (this is considered the **index date** for performance calculations). Continue to the MH-1 measure flow.

### Measure Flow for MH-1

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the MH Coding Document.

1. Start processing 2017 MH-1 (NQF 0710) Flow for the patients that qualified for the sample in the Patient Confirmation Flow and the Measure Confirmation Flow for MH-1. Note: Include remainder of patients listed in the Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 60 patients).
2. Check to determine if the patient had one or more PHQ-9s administered during the measurement assessment period (12 months +/- 30 days from the index date).
  - a. If no, patient did not have one or more PHQ-9s administered during the measurement assessment period, performance is not met and the patient will not be included in the numerator. Stop processing.
  - b. If yes, the patient did have one or more PHQ-9s administered during the measurement assessment period, continue processing.
3. Check to determine if the patient's most recent PHQ-9 score during the measurement assessment period (12 months +/- 30 days from the index date) is less than 5.
  - a. If no, patient's most recent PHQ-9 score during the measurement assessment period (12 months +/- 30 days from the index date) is not less than 5, performance is not met and the patient should not be included in the numerator. Stop processing.
  - b. If yes, patient's most recent PHQ-9 score during the measurement assessment period (12 months +/- 30 days from the index date) is less than 5, enter the date in mm/dd/yyyy format and the score of the most recent PHQ-9 less than 5 that was administered during the measurement assessment period (within the window of 11 to 13 months from the **index date**). Performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 40 patients). Stop processing.

#### Sample Calculation

Performance Rate Equals

Performance Met is category 'a' in the measure flow (40 patients)

Denominator is category 'd' in measure flow (60 patients)

40 (Performance Met) divided by 60 (Denominator) equals a performance rate of 66.67 percent

Calculation May Change Pending Performance Met

## Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2017 Web Interface MH Coding Document.

*MH-1: Depression Remission at Twelve Months			
Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Denominator/Denominator Codes	Depression or Dysthymia Diagnosis	DEPRESSION_CODE	I9 I10 SNM
		DYSTHYMIA_CODE	I9 I10 SNM
	Index PHQ-9	PHQ9_TOOL_CODE	LN
	PHQ-9 Greater Than 9	PHQ9_TOOL_CODE	LN <u>WITH</u> a score greater than 9
Denominator Exclusion/Denominator Exclusion Codes	Exclusions	BIPOLAR_DX_CODE	I9 I10 SNM
		EX_CODE	SNM
		NH_RES_CODE	C4
		PERSONALITY_DIS_CODE	I9 I10 SNM
Numerator/Numerator Codes	Assessment PHQ-9	PHQ9_TOOL_CODE	LN
	PHQ-9 Less Than 5	PHQ9_TOOL_CODE	LN <u>WITH</u> a score less than 5

*\*For EHR mapping, the coding within MH-1 is considered to be all-inclusive*

### Appendix III: Measure Rationale and Clinical Recommendation Statements

#### **RATIONALE:**

The Centers for Disease Control and Prevention states that nationally 15.7% of people report being told by a health care professional that they had depression at some point in their lifetime. Persons with a current diagnosis of depression and a lifetime diagnosis of depression or anxiety were significantly more likely than persons without these conditions to have cardiovascular disease, diabetes, asthma and obesity and to be a current smoker, to be physically inactive and to drink heavily. According to National Institute of Mental Health (NIMH), 6.7 percent of the U.S. population ages 18 and older (14.8 million people) in any given year have a diagnosis of a major depressive disorder. Major depression is the leading cause of disability in the U.S. for ages 15 - 44. Additionally, dysthymia accounts for an additional 3.3 million Americans.

#### **CLINICAL RECOMMENDATION STATEMENTS:**

Improvement in the symptoms of depression and an ongoing assessment of the current treatment plan is crucial to the reduction of symptoms and psychosocial well being of patients with major depression. Most people treated for initial depression need to be on medication at least six to twelve months after adequate response to symptoms, patients with recurrent depression need to be treated for three years or more and response with psychotherapy can take eight to twelve weeks of regular and frequent therapy to show improvement. Remission is defined as a PHQ-9 score of less than five at twelve months. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This tool was selected for measuring outcomes for this population because it is 1) validated with a sensitivity of .080 and a specificity of 0.92 with substantial heterogeneity  $I^2 = 82\%$ , 2) widely accepted and utilized in Minnesota, 3) available for clinical use, 4) translated into many languages and 5) easy for the patient to complete and the provider to score. Available at [PHQ Screening Tool](#). This nine question tool contains the following questions which are scored on a scale of 0 to 27 based on the scale of Not at All (0), Several Days (1), More Than Half the Days (2), or Nearly Every Day (3) for responses to the questions over the last 2 weeks.

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself - or that you are a failure or have let yourself or your family down
- Trouble concentrating on things, such as reading the newspaper or watching television
- 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
- Thoughts that you would be better off dead or of hurting yourself in some way

Source: [ICSI Guideline for Major Depression in Adults in Primary Care 17th edition March 2016](#)

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