

PHARMACOGENETIC TESTING AND COUNSELLING

APPENDIX A – PHARMACIST RESOURCES



The Patient Health Questionnaire Nine-item Depression Severity Scale (PHQ-9)

NINE-SYMPTOM CHECKLIST

Name: _____ Date: _____

| Over the last 2 weeks, how often have you been bothered by any of the following problems? | Not at all | Several days | More than half the days | Nearly every day |
|--|-------------------|---------------------|--------------------------------|-------------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 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. | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way. | 0 | 1 | 2 | 3 |

(For office coding: Total Score _____ = _____ + _____ + _____)

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

Severity Level Based on the PHQ-9 Score

| PHQ-9 SCORE | LEVEL OF DEPRESSION SEVERITY |
|-------------|------------------------------|
| 0-4 | Minimal |
| 5-9 | Mild |
| 10-14 | Moderate |
| 15-19 | Moderately Severe |
| 20-27 | Severe |

Adapted from: Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med.* 2001;16(9):606-613. doi:10.1046/j.1525-1497.2001.016009606.x

The Generalized Anxiety Disorder Seven-item Anxiety Severity Scale (GAD-7)

GAD-7

Over the last 2 weeks, how often have you been bothered by any of the following problems?

| | Not at all | Several days | More than half the days | Nearly every day |
|--|-------------------|---------------------|--------------------------------|-------------------------|
| 1. Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

Total Score _____ = Add Columns _____ + _____ + _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Severity Level Based on the GAD-7 Score

| GAD-7 SCORE | LEVEL OF ANXIETY SEVERITY |
|-------------|---------------------------|
| 0-4 | Minimal |
| 5-9 | Mild |
| 10-14 | Moderate |
| 15-21 | Severe |

Adapted from: Spitzer RL, Kroenke K, Williams JBW, Löwe B. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Arch Intern Med.* 2006;166(10):1092–1097. doi:10.1001/archinte.166.10.1092