**Maudsley-modified PHQ-9**

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| --- | --- | --- | --- | --- | --- |
| **Over the last week, how often have you been bothered by any of**  **the following problems?** | | **Not at all** | **Some days** | **More than half the days** | **Every  day** |
| 1 | Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2 | Feeling down, or depressed | 0 | 1 | 2 | 3 |
| 3 | Feeling hopeless | 0 | 1 | 2 | 3 |
| 4 | Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5 | Worrying that you have done something wrong | 0 | 1 | 2 | 3 |
| 6 | Feeling bad about yourself — or that you are a failure | 0 | 1 | 2 | 3 |
| 7 | Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8 | Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 9 | Thoughts that you would be better off dead or of hurting yourself  in some way | 0 | 1 | 2 | 3 |
|  |  | MM-PHQ-9 total sum score | | |  |

**Notes on changes from original Patient Health Questionnaire (PHQ-9)**

* Questions 2 and 3 were separated.
* Somatic symptoms (sleep, appetite) were omitted.
* Psychomotor activity was omitted.
* Question 5 was added to ask for self-blaming emotions and was previously validated (1) to detect self-blaming emotions in 60% of patients with MDD. This dissociates from low self-worth and therefore question 6 was simplified.
* Intervals were changed from biweekly to weekly in keeping with other depression scales used for detecting response (QIDS-SR-16(2)) and to improve memory for the period in question as well as improving sensitivity to change. This necessitated changing the wording of the scale anchors slightly to “Some days” instead of “Several days” and “Every day” instead of “Nearly every day”.

**Scoring and purpose**

This scale was developed for the Antidepressant Advisor study (ADeSS) (3) and is integrated into the MooDoC mobile app (<https://play.google.com/store/apps/details?id=com.allocmodulo&hl=en_IN>). It was designed for tracking symptoms rather than for diagnostic purposes. Although, the scoring range is the same as the original PHQ-9 scale (0-27), the scores cannot be directly compared. In our initial study, our control group without major depressive disorder did not score above 9, but this cannot be used for diagnostic purposes, only as an indication of the potential clinical relevance of scores above 9, subject to further validation.

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