

Depression: Choosing your treatment

1. What are your symptoms of depression?

Symptom score (PHQ-9):

- 5-9 = Depression, few symptoms
 10-14 = Mild depression
 15-19 = Moderate depression
 20+ = Severe depression

2. Your symptoms score (PHQ-9) is: _____.

There are options for treating the symptoms. Circle options you want to talk about. Your clinician may circle some too. You can try multiple treatment options at once.

Treatment options (Circle the options below)	What are some reasons to choose this option?	What are some reasons <u>not</u> to choose this option?	What do I have to do?
No treatment at this time	Depression may improve on its own. You are not ready to make changes at this time.	For many, depression may continue or get worse without treatment.	No changes to what you are doing now. Your clinician may request a follow-up visit.
Exercise, light treatments, behavioral activation treatments	Behavioral treatments have few side effects and can improve mild depression symptoms.	May not be enough to treat moderate or severe depression.	Exercise at least 30 minutes most days, establish a regular sleep schedule. eat balanced and nutritious meals, and reduce alcohol use. Daily exposure to sunlight or use light box therapy. Schedule positive activities and time with people you enjoy. Make these changes until depression improves and possibly longer.
Therapy with a Counselor	Therapy is effective in improving depression.	Requires visits with a counselor (in person or via telemedicine). Counselor may be hard to find or there may be a waitlist.	Attend one-on-one or group therapy sessions for at least 12 weeks and possibly longer. There are low and no cost options and options covered by insurance
Antidepressant medicines	Many people report beginning to see improvement in symptoms after a few weeks.	Medicines have different side effects. Common side effects are: <ul style="list-style-type: none"> • Tiredness • Weight gain • Sexual problems 	Take medicine every day. May need blood tests or EKGs to monitor side effects. Continue medicine for 6-12 months or longer. You may need to try a few medicines before finding the one that works best for you.
Other Options (write in)			

4. What's most important to you as we make this decision?

- | | |
|--|--|
| <input type="checkbox"/> Feeling better as soon as possible
<input type="checkbox"/> Minimize disruption to my daily life | <input type="checkbox"/> Avoid taking medicine and potential side effects
<input type="checkbox"/> Other: _____ |
|--|--|

5. What did we decide today? Try: _____

- Decide later:
- need more information
 - need to discuss with others
 - need to think about it more

6. What are the next steps and follow-up? _____