

# **Assessment of Mental Health condition of Tiger Widows**

Asian University for Women  
Summer Research Project Report  
Assessment on the Mental Health of Tiger Widows  
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## ABSTRACT

In Sundarbans, many people fall prey to tiger attacks and lose their lives. The widows and widowers of the victims are stigmatized because of the villagers' superstitions that the tiger attacks were somehow their faults. They are often ostracised by society and barred from accessing social benefits. Due to this they may develop post traumatic stress disorder and depression amongst other mental diseases. There has been extensive research done on the mental health of the "tiger-widows" in the Indian part of the Sundarbans but not as many in the Bangladeshi part. In this study we explored the incidents of PTSD and Depression among Tiger Widows via questionnaires, semi-structured interviews and focus group discussions. Our result showed that Tiger Widows are at a higher risk of both PTSD and Depression than non-Tiger Widows- i.e. widows whose husbands have not died due to tiger attacks. Through this study we hope to shed light on the mental health of tiger-widows and highlight the need for more research in this specific area.

## INTRODUCTION

Throughout the world, the human-wildlife conflict has been increasing, primarily due to a combination of human population growth, changing climate and increased demand for natural resources and land. This rising human-wildlife conflict is causing an increase in conservation issues and concerns regarding the mortality and morbidity rate of human and animal population. The beautiful mangrove forest Sundarbans (both Bangladesh and Indian region) is the home to hundreds of Royal Bengal tigers and various other kinds of animals. It is known that more than 4.2 million people are living on the fringes of Sundarbans. And it was found that, around 30-50 people get attacked by tigers each year, which is equivalent to 1 fatality each week. The lack of proper geographical barriers is one of the major causes of this human-wildlife conflict. Due to different natural disasters impacting the coastal areas of Sundarbans, the flora and fauna of that ecosystem also gets affected. Often in search of their food, the tigers get stray from the forest to human inhabitants. This causes human-tiger conflicts, which always results in counter-violence killing of tigers and humans. For generations, the livelihood of the majority of the people, living in villages surrounding the Sundarbans forest, depends on this forest and its resources. These people are mostly marginal farmers, wood cutters, fishermen, honey collectors, etc. Even though the entrance inside the reserve forest is strictly restricted, people still risk their lives in order to earn their living. Reposing their faith in Bonobibi, the guardian deity of the Sundarbans believed by the people living near the forest, the people enter the forest which brings them into direct conflict with the tigers. As they entered without the permission of the forest department's permission, the family of the deceased cannot even lodge a complaint to the police. As a result, most of the time the families are unable to retrieve the body of the dead and they also don't get to

receive the compensation money for losing a family member as they don't register the death of their loved ones in fear of getting caught. Losing their loved ones was not their only misery but what comes after the death also happens to greatly affect their mental health condition. Losing the sole bread-winner of the family costs them to face both monetary and mental health issues.

The widows who have lost their husband due to the tiger attack are called by a special term, Tiger widows. A local development organisation has found out that nearly 1500 tiger widows are living in these villages near the forest, fighting against risks of natural disaster, extreme poverty and social stigma. After the death of their husbands, these women tend to get stigmatized by their society. These societies tend to believe that the death of the husband is due to the wives bad fortune or that the wife did not properly worship their deity, Bonobibi, to protect their husband from getting attacked in the forest. This superstitious belief causes the tiger widows to get ostracized by their family and society. All these hardships, causes these widows to suffer from different kinds of mental illness, which we have assessed during our research.

#### LITERATURE REVIEW:

This Human-tiger conflict brings along a lot of misery in the lives of the widows of the deceased. Apart from extreme poverty and climatic disaster risks, the tiger widows have to confront discrimination by their in-laws and society. This social ostracization has led us to our main research question: "Are Tiger Widows more prone to PTSD and Depression than non-Tiger Widows". The key literature of our project was that we searched through many academic resources, where we found a few similar researches done on the Indian portion of Sundarbans. There was no academic research article on this topic which was conducted on the Bangladesh part of Sundarbans, which is one of the reasons why we choose this as our research topic.

Social stigma is considered as one of the leading causes of poor mental health conditions among the tiger widows in the Indian side of Sundarbans. After losing their husband the widows are given the social identity "tiger widow", who are then considered as ill-omened and misfortune women by the people of their society and they have to face severe social discrimination. These widows are thought to be cursed by their guardian deity, Bonobibi. Research conducted on the topic "Stigma of tiger attack: Study of tiger-widows from Sundarban Delta, India" by Arabinda Chowdhury on the Indian portion of Sundarbans showed that, the in-laws and community of these tiger widows label them as "unholy and evil women" and tend to blame the tiger widows as the key reason for their husbands death (Arabinda et al., 2016). This study explained how these widows often suffer from different kinds of mental illness due to their frequent interaction with various kinds of sexual and physical abuse by their in-laws or neighbours and also from living a life filled with constant poverty. These tiger widows are found to be more stigmatized by their society in comparison to both normal and snake-bite widows. But

our research, conducted in the Bangladeshi portion of Sundarbans gave us some different conclusions. During our interview with the widows, we asked them how they were treated by their society and if they were being discriminated against by their in-laws or community. In answer to that question, almost all of our interviewees replied with a very positive answer. The tiger widows replied that their society is very supportive and helpful towards them. They even mentioned that we never had to face any sort of discrimination by their society. This shows how social stigma may vary from one geographical location to another.

A photo journal published in 2010 by an American photojournalist, Allison Joyce, portrayed the tragic stories of many tiger widows living the Bangladeshi side of the Sundarbans. One of the women in the photographs explained that she was married off by her parents at a very young age of 13. By the time she lost her husband, she already had 7 children. She explained how the tension of raising the children and feeding them has led her to a very sorrowful life, as she does not have a stable income source. Another woman described that, she never had to work before the death of her husband, so she was very afraid of her future and even after so many years of being a widow she still sees no hope for a better future. One of the women also explained how she was terribly traumatized after seeing the brutally killed dead body of her husband. She also added that she still gets terrified every time the flashback of her husband's dead body comes in her mind. Some of the women also said that losing their loved ones was what caused them to feel sad and low all the time. Another research based on the "Ecopsychosocial aspects of human-tiger Conflict: An Ethnographic Study of Tiger Widows of Sundarban Delta, India" was also done by Arabinda Chowdhury in the Indian sector of Sundarbans. In this paper he explained how "sexual abuse is considered as a very private and confidential issue in the Sundarbans" (Arabinda et al., 2016). The young tiger widows tend to suffer more from sexual harassment by their brother-in-law or neighbours. The article also explained that most of the widows were poorly educated and their access to resources and services was very low. The author also mentioned the factors like suddenness of death, viewing mutilated body, non-recovery body causing psychological impact and suppressed grief being the reasons behind worsening their mental health condition. Our research interviewee also shared similar kinds of stories while they were asked. Some of our interviewees got very emotional while recalling the stories of dreadful life. They also shared that due to lack of proper education and skills they are unable to get a proper job. All these researches showed how some of the factors affecting the mental health condition are very much similar in both ends of the Sundarban forest (Bangladesh and India).

Apart from research journals and photo journals, we were able to find documentaries made by al-jazeera and a Bangladeshi television network channel, called BanglaTv, which was based on the lives of the tiger-widows. These documentaries showed how the lives of these tiger widows changed after they lost their husband due to tiger attack and how their happily married

life turned to become a depressed lonely life. There was also a news report published by the Daily Star, a bangladeshi newspaper, which described where the tiger widows lived and how the compensation money is very less for a family to survive. And also how these tiger-widows suffer from multiple post-traumatic scars. At the end of the article they mentioned that more awareness needs to be regarding the mental condition of these tiger widows and better compensation policy.

Through these resources we were able to identify various factors affecting the mental health condition of the tiger widows. But there were also some research gaps between some of these researches we found in comparison to the research, which we conducted. The geographical location is one of the main research gaps. As there was no research done on such a topic in the Bangladesh portion of Sundarban, we were not able to compare our findings with data from the same geographic location. So more research needs to be done on this topic in order to identify more factors. Research showed that tiger widows in India faces major social stigma, whereas our research showed that no such factors were affecting the tiger widows. Another research gap was the size of the study population. We conducted our research on only 25 tiger widows but most of the research articles had a study population size bigger than ours. So we require future research to be conducted on a larger population in order to have a better assessment of their mental condition. More research needs to be done for raising better awareness among the general people regarding the struggles of the tiger-widows.

## MATERIALS AND METHODS:

### Study Area

The study was carried out in Gabura, Buri Goalini, both of which are wards of Shyamnagar Municipality, in Satkhira Zila, Khulna division. In Bangladesh the total area is divided into divisions, then into “Zilas” (districts) and for the purpose of local government, it is further divided into “Upazilas” (sub-districts), followed by Unions and finally by Wards. The unions Gabura and Buri Goalini were covered across its ward Nildumur. The study areas were chosen according to the highest number of tiger widows present after analyzing a statistical report from the website of local NGO LEDARS that stated the number of Tiger Widows in each union and ward.



Fig. 1 Study Area, Source of image: Sage Journals

### Study Design

Primarily qualitative method was followed in this research. The aim of the study was to assess the impact of the trauma on Tiger widow's mental health by taking open ended interviews, focus group discussions (FGD) and questionnaires. The study also made comparisons between the widows due to tiger attacks (tiger-widows) and widows due to other causes. There were a total of 21 participants, where 15 were tiger-widows and 6 were control groups of non-tiger widows. With the help from faculty advisor, a questionnaire was set up to assess the mental health of the participants.

### Open Ended Interviews

The research team took help from two local leaders who worked at the NGO and local governance who helped to locate the participants. Since Mr. Sharif Ahmed and Ms. Saraswati Rani worked with the community already, they arranged to gather the widows at their cottage.

The interviews were detailed and lengthy and were conducted over several hours. Before conducting the interview, the research team explained the purpose of the interview, confidentiality concerns and then gave out consent forms which the widows gave written consent (signature and thumb impressions). The research team then divided into two groups and took several long sessions of interviews that covered a brief insight about their personal life, source of livelihood, daily routine, interests and hobbies. As they got comfortable talking with the research team, the incident of tiger accident was brought up. Follow up topics included societies behavior and treatment towards them and how they are affected by it. The widows then started giving more insight about the community's attitude towards them with examples. The entire interview was recorded and later transcribed by the research team.

### Questionnaires for Mental Health Assessment

Two questionnaires, one for PTSD, one for Depression which had closed ended questions were asked to the widows to assess their mental health condition. The PTSD checklist Civilian Version (PCL-C) (Annex 1), included 17 questions which correspond to the key symptoms. The respondents had to tell how much they have been bothered by the symptom over the past one month over a (1 to 5) scale. Since some respondents couldn't read and some had eye problems, the items from the questionnaire were asked by the research team and circled following the responses. Responses ranged from 1 which meant "Not at All" to 5 "Extremely". The questionnaire for depression (Annex 2) contained 9 items with a (0 to 3) score, 0 being "not at all" and to all the way to 3 which means "everyday". The scores were added in total to assess the mental health of widows.

### Focus Group Discussion

The tiger widows were brought back together in a group setting where they were asked to answer questions collectively. The research team asked them about the type of rights they have been deprived of and as a result whether they have been benefited by government and local NGOs initiative. Their preferred method of livelihood was also asked in order to know the type of work they are comfortable with.

### Control Group

For comparison of mental health assessment, widows whose husbands died due to natural causes, honey collection, snake bites etc. were also taken. Open ended questions were asked to them in order to understand if they as well stigmatized in the society. After that questionnaires with closed ended questions were asked to them in order to assess the presence of PTSD and depression respectively.

## RESULTS:

To assess the mental health of tiger widows, we used two sets of questionnaires. These questionnaires were distributed among two groups of people : the tiger widows and the control group. The control group included normal widows who lost their husbands but not through tiger attacks. The average age of the tiger widows was between 35-40years old. The first questionnaire was the Ptsd checklist which we used to check the level of Post traumatic stress disorder(PTSD) among both the groups and the second one was the depression questionnaire to determine the depression level among them.

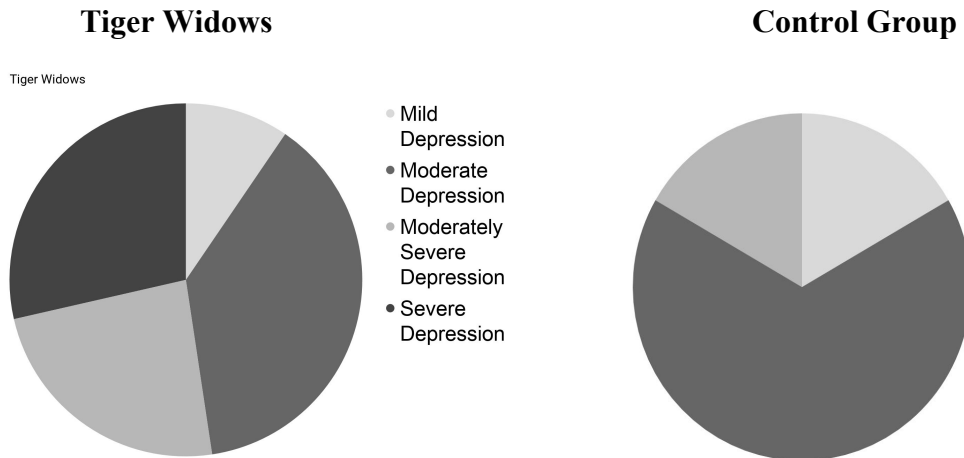
The Ptsd questionnaire had 17 questions that were divided into three categories: questions 1-5, 6-12 and 13-17. Each category had five different options to answer and each option had a different point. The five different options with their respective points are : not at all(1), a little bit(2), moderately(3), quite a bit(4), extremely(5). If maximum responses from the groups in each of the categories were between points 3-5 that denoted that the person was suffering from a moderate or above moderate level of ptsd. If maximum responses in each category were between points 1-2 that implied that the person was suffering from a below moderate level of Ptsd.

Through our research we found out that 83% of the tiger widows suffered from above average level of Ptsd whereas only 33.3% of the control group suffered from above average level of Ptsd. This reflects that the tiger widows are so much more prone to Ptsd than the normal widows.

The depression questionnaire had nine questions. Each question had four options carrying four different scores and they are : not at all (0), several days (0), more than half the days (2), nearly everyday (3). To calculate the result, we added all the scores from the nine questions that were filled up by both the groups and found out the total score. If the total score was between 1-4 , that indicated that the person was suffering from minimal depression, if it was between 5-9, then the person was suffering from mild depression, scores between 10-14 interpreted moderate depression, 15-19 meant moderately severe depression and scores 20-27 portrayed severe depression.

After collecting the data, we found out that among the tiger widows, 9.5% suffered from mild depression, 38.1% suffered from moderate depression, 24% suffered from moderately severe depression and 28.6% suffered from severe depression. On the other hand, among the control group, 16.7% suffered from mild depression, 66.7% suffered from moderate depression, 0% suffered from moderately severe depression and 16.67% suffered from severe depression. Among the two groups, there was one thing common that no one suffered from minimal depression. However, the tiger widows had a higher percentage of people suffering from severe and moderately severe depression compared to the control group.





During our research we observed that more than 80% of the tiger widows were recorded as living below the poverty line and most of them did not know how to read and write. We observed that the maximum number of tiger widows got married at an age of around 13-14 years, as a result when the incidents took place with their husbands they were very young and most of them did not remarry which is why it was difficult for them to handle the trauma. After their husband's death they had to face a lot of financial crisis as the sole breadwinner of the family was no more. A lot of these women could remember the entire incident of the day their husbands were attacked very vividly even after so many years that caused them to have sleeping disturbances and difficulty focusing. All these have affected their mental health to such an extent that most of them were suffering from severe psychological issues.

## DISCUSSION

The general trend of results shown among the target group was that Tiger Widows were significantly more likely to suffer from PTSD and Depression than non-Tiger Widows. The marked questionnaires confirmed the trend. The semi-structured interviews elaborated on the conditions of their mental states. During the interviews and questionnaires the Tiger Widows were seen to have breakdowns. When asked about their experience they were likely to tear up. One responded stated, "Now that you are bringing these up, the memories float in front of my eyes as if they were happening today". This may indicate symptoms of PTSD

One of the key takeaways from this research was that each group of minority is unique and have unique needs that need to be addressed. There was a lack of literature about Tiger Widows in this region particularly. In the initial phases of of our research we had assumed that there would be a greater cultural similarity with the studies done in other parts of the region. We

had assumed that the Tiger Widows would face stigmatisation and discrimination by their status of Tiger Widows by their community and greater society surrounding them. However our target group reported finding great comfort in their community and a source of support. This is contradictory to the case of Tiger Widows in other regions. This highlighted the importance of not generalising groups of people affected by the same phenomena

During the FGD, almost all the participants reported they would like assistance in some form to assist with their livelihood. When asked about the nature of assistance the participants almost unanimously responded that their primary requirement was long-term sustainable jobs. They reported that their husbands were forced into a life of hardship due to their inability to make a living any other way. If they had alternatives to living off of the resources of the Sundarban forest then they would not have had to risk their lives.

The residents of the studied villages have reported the region is under constant threat of floods and hurricanes that devastate the land and its agriculture. Due to the salinity of the soil and the lack of grazing land, farming is also not an option. In-fact the locals reported it to be illegal to rear cattle. Without most of the traditional rural economic activities, the people of Gabura and Buri Goalini are left with only one option; to exploit their biggest resource- the Sundarban forest.

Many of the women whom we interviewed have reported shrimp fishing. They would take fishing nets and pull them through the water trapping Tiger Prawns. Shrimp fishing in the Sundarban is illegal due to fear of wildlife endangerment. However, left with no other sources of income, this is what they have had to settle for. The job is both physically tolling and puts their lives at risk. The women have to walk several kilometers in the water to catch a handful of prawns which they sell for 10-20 taka per piece in the market. While on the way to the villages, we spotted many women shrimp fishing. It can be deemed one of the primary sources of income of many Tiger Widows. However, it is also risky. Many tiger attacks have happened during shrimp fishing and is a constant risk.

The World Health Organization, the leading medical body in the world, explained in 2011: “Mental health is produced socially: The presence or absence of mental health is above all a social indicator and therefore requires social, as well as individual, solutions.”

Our target group did have depression and PTSD. However, the fact that they had lost their husbands and the primary earner of the family may have been a major factor. Almost all of the respondents unanimously agreed that sustainable forms of livelihood would improve their conditions. Therefore, we believe that providing them with sustainable sources of income would be an effective measure to help with their depression and PTSD.

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Appendix A:  
Questionnaire for checking the presence of Post-traumatic stress disorder (PTSD)

**PTSD CheckList – Civilian Version (PCL-C)**

Client's Name: \_\_\_\_\_

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about or talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because they <i>remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant or cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

This is a Government document in the public domain.

## PTSD CheckList – Civilian Version (PCL-C)

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused by military experiences and 2) PCL-C is applied generally to any traumatic event.

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events specific to a deployment.

### **How is the PCL completed?**

- The PCL is self-administered
- Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1 Not at All** – **5 Extremely**

### **How is the PCL Scored?**

1) Add up all items for a total severity score

or

2) Treat response categories **3–5** (*Moderately* or above) as symptomatic and responses **1–2** (below *Moderately*) as non-symptomatic, then use the following DSM criteria for a diagnosis:

- Symptomatic response to at least 1 “B” item (Questions 1–5),
- Symptomatic response to at least 3 “C” items (Questions 6–12), and
- Symptomatic response to at least 2 “D” items (Questions 13–17)

### **Are Results Valid and Reliable?**

- Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC)

### **What Additional Follow-up is Available?**

- All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care
- Patients should be asked, “**Is your health concern today related to a deployment?**” during all primary care visits.
- If the patient replies “**yes**,” the provider should follow the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) and supporting guidelines available through the DHCC and [www.PDHealth.mil](http://www.PDHealth.mil)

## Appendix B: Questionnaire for checking the presence of Depression

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been  
bothered by any of the following problems?  
(use "✓" to indicate your answer)

	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	0	1	2	3

add columns  +  +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. 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 \_\_\_\_\_

## PHQ-9 Patient Depression Questionnaire

### For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

### Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

### Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

**Note:** Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

### To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

### Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;  
More than half the days = 2; Nearly every day = 3

### Interpretation of Total Score

Total Score	Depression 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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A2662B 10-04-2005