

PATIENT HEALTH QUESTIONNAIRE (PHQ-9): MODIFIED FOR TEENS

Client Name	Date of Birth / /	Soc. Sec.# - -		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Language	Medicaid ID #		
Parent/Guardian Name		Relationship		
Date of Scale Completion / /		Rater		
Instructions				
Instructions: For each symptom, put an “X” in the box beneath the answer that best describes how the patient has been feeling.				
Over the last 2 weeks, how often have you been bothered by any of the following problems?	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				
Scoring for Use by Doctor Only	<u> </u> 0 +	<u> </u> 1 +	<u> </u> 2 +	<u> </u> 3 +
= Total Score <u> </u>				

Additional Questions

In the **past year**, have you felt depressed or sad most days, even if you felt okay sometimes?

Yes No

If any problems are checked, how difficult have these problems made it for the patient to do his or her school work, chores at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Scoring for Use by Doctor Only

Only questions 1–9 count in the scoring, but the additional questions above can be considered to assess dysthymia. Add up all “X”ed boxes on the PHQ-9.

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

FOR ADDITIONAL GUIDANCE USING THIS FORM

- Richardson, Laura, et al. Evaluation of the Patient Health Questionnaire-9 Item for Detecting Major Depression Among Adolescents. *Pediatrics*. 2010;126;1117

SOURCES:

- Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer, Inc. Copyright © 2005 Pfizer, Inc., as modified by the [American Academy of Pediatrics](#).