

The Patient Health Questionnaire (PHQ-9) Modified for Adolescents

Patient Name _____ Date of Birth: _____ Sex: _____ Date: _____

	Over the past 7 days, 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, irritable, or hopeless?	0	1	2	3
3.	Trouble falling asleep, staying asleep, or sleeping too much?	0	1	2	3
4.	Poor appetite, weight loss, or overeating?	0	1	2	3
5.	Feeling tired, or having little energy?	0	1	2	3
6.	Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?	0	1	2	3
7.	Trouble concentrating on things like school work, reading, or watching TV?	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 were 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

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those 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

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-- PHQ-A Modified for Adolescents (PHQ-A) -- Adopted.

https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-Measure-For-Depression-Child-Age-11-to-17.pdf

The Patient Health Questionnaire (PHQ-9) Scoring

Use of the PHQ-9 to Make a Tentative Depression Diagnosis:

The clinician should rule out physical causes of depression, normal bereavement and a history of a manic/hypomanic episode.

Step 1: Questions 1 and 2

Need one or both of the first two questions endorsed as a "2" or a "3"
(2 = "More than half the days" or 3 = "Nearly every day")

Step 2: Questions 1 through 9

Need a total of five or more boxes endorsed within the shaded area of the form to arrive at the total symptom count. (Questions 1-8 must be endorsed as a "2" or a "3"; Question 9 must be endorsed as "1" a "2" or a "3")

Step 3: Question 10

This question must be endorsed as "Somewhat difficult" or "Very difficult" or "Extremely difficult"

Use of the PHQ-9 for Treatment Selection and Monitoring

Step 1: A depression diagnosis that warrants treatment or a treatment change, needs at least one of the first two questions endorsed as positive ("more than half the days" or "nearly every day") in the past two weeks. In addition, the tenth question, about difficulty at work or home or getting along with others should be answered at least "somewhat difficult."

Step 2: Add the total points for each of the columns 2-4 separately
(Column 1 = Several days; Column 2 = More than half the days; Column 3 = Nearly every day. Add the totals for each of the three columns together. This is the Total Score.
The Total Score = the Severity Score

Step 3: Review the Severity Score using the following table.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation Patient preferences should be considered
5-9	Minimal Symptoms*	Support, educate to call if worse, return in one month
10-14	Minor Depression ++ Dysthymia* Major Depression, mild	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major Depression, moderately severe	Antidepressant or psychotherapy (especially if not improved on monotherapy)
>20	Major Depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

* If symptoms present \geq two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask "In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?")

++ If symptoms present \geq one month or severe functional impairment, consider active treatment

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