

Patient Health Questionnaire-Modified for Teens

Over the <i>last 2 weeks</i> , 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, 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, weight loss, 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 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 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 in some way	0	1	2	3

For office coding: 0 + + +
= Total Score

10. If you are experiencing any of the problems on this form, 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 <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
11. In the <i>past year</i> , have you felt depressed or sad most days, even if you felt OK sometimes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
12. Has there been a time in the <i>past month</i> when you have had serious thoughts about ending your life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
13. Have you <i>ever, in your whole life</i> , tried to kill yourself or made a suicide attempt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Scoring the PHQ-9 modified for Teens

Scoring the PHQ-9 modified for teens is easy but involves thinking about several different aspects of depression.

To use the PHQ-9 as a diagnostic aid for Major Depressive Disorder:

- Questions 1 and/or 2 need to be endorsed as a “2” or “3”
- Need five or more positive symptoms (positive is defined by a “2” or “3” in questions 1-8 and by a “1”, “2”, or “3” in question 9).
- The functional impairment question (How difficult....) needs to be rated at least as “somewhat difficult.”

To use the PHQ-9 to screen for all types of depression or other mental illness:

- All positive answers (positive is defined by a “2” or “3” in questions 1-8 and by a “1”, “2”, or “3” in question 9) should be followed up by interview.
- A total PHQ-9 score > 10 (see below for instructions on how to obtain a total score) has a good sensitivity and specificity for MDD.

To use the PHQ-9 to aid in the diagnosis of dysthymia:

- The dysthymia question (In the past year...) should be endorsed as “yes.”

To use the PHQ-9 to screen for suicide risk:

- All positive answers to question 9 as well as the two additional suicide items MUST be followed up by a clinical interview.

To use the PHQ-9 to obtain a total score and assess depressive severity:

- Add up the numbers endorsed for questions 1-9 and obtain a total score. See table below for score interpretations.

Score	Severity
0-4	None-minimal
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe