

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

(Modified by Fort Dodge United Way Mental Health Work Group
for Webster County Public Health Parent T-19 calls)

CHILD NAME: _____ DOB: _____ DATE: _____

PARENT NAME: _____ T19#: _____

Over the last 2 weeks, how often has your child been bothered by any of the following problems?

	Not at all	Several Days	More than Half the Days	Nearly Every day
1. Does your child appear to be more depressed, down or irritable?	0	1	2	3
2. Does your child seem to have less interest or pleasure in things than they have in the past?	0	1	2	3
3. Does your child have trouble falling asleep, staying asleep or sleeping too much?	0	1	2	3
4. Have you noticed a change in your child's appetite, weight or eating habits?	0	1	2	3
5. Does your child seem more tired or have less energy than in the past?	0	1	2	3
6. Does your child put himself/herself down, appear to have little confidence or seem to feel hopeless?	0	1	2	3
7. Does your child have trouble concentrating on things like school work, reading or other activities?	0	1	2	3
8. Does your child appear to be moving or speaking so slowly that other people could have noticed or the opposite, is child so fidgety or restless that they move around more than usual?	0	1	2	3
9. Does your child express thoughts that they would be better off dead or of hurting themselves?	0	1	2	3

Scoring: Add up all checked boxes on PHQ-9

**If score is 10 or above/or at least 4 numbers in the shaded area are circled:
share information re: mental health resources in the community with the parent.**

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