



Pediatrics of Okaloosa

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Patient Health Questionnaire-9 (PHQ – 9) *for age 11y – 17y

Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?				
<i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half 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 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 in some way	0	1	2	3
For Office Coding	0	+ ____	+ ____	+ ____
			= _____total score	
10. If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="checkbox"/> Not at all difficult	<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Very difficult	<input type="checkbox"/> Extremely difficult