

Severity Measure for Depression—Child Age 11–17* and General Anxiety Disorder

(*PHQ-9 modified for Adolescents (PHQ-A)—Adapted and GAD-7)

Patient Name: _____ Date Of Birth: _____ Sex: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please “X” your answers.

Severity Measure For Depression		(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?				
	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?				
<i>Add the score for each column</i>					

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all
Somewhat difficult
Very Difficult
Extremely Difficult

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please “X” your answers.

GAD-7		(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1.	1. Feeling nervous, anxious, or on edge.				
2.	2. Not being able to stop or control worrying.				
3.	3. Worrying too much about different things.				
4.	4. Trouble relaxing.				
5.	5. Being so restless that it’s hard to sit still.				
6.	6. Becoming easily annoyed or irritable.				
7.	7. Feeling afraid as if something awful might happen.				
<i>Add the score for each column</i>					

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all
Somewhat difficult
Very Difficult
Extremely Difficult

Source: Modified from the PHQ-A (J.Johnson, 2002) for research and evaluation purposes
 Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ) The PHQ was developed by Drs.
 Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact D Spitzer at @columbia.edu.
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