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### Pediatric Health Questionnaire (PHQ-9)

Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Over the past two weeks, how often have you been bothered by any of the following problems? (Please CIRCLE to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling down, depressed, irritable, or hopeless?	0	1	2	3
2. Little interest or pleasure in doing things?	0	1	2	3
3. Trouble falling or 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 that you are a failure or have let yourself or your family down?	0	1	2	3
7. Trouble concentrating on things, such as schoolwork, reading, 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

\_\_\_\_\_ Total Score

10. In the past year have you felt depressed or sad most days, even if you felt okay sometimes?

Yes

No

Complete questions 11, 12, 13 on the back of this page.

11. 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
- Somewhat difficult
- Very difficult
- Extremely difficult

12. Has there been a time in the past month when you have had serious thoughts about ending your life?

- Yes
- No

13. Have you ever, in your whole life, tried to kill yourself or made a suicide attempt?

- Yes
- No