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PHQ-9: Adults

CHVP Patient Health Questionnaire 9

First 5 First Steps

Name:_____ **Date:** ____/____/____

Family Support Specialist's Name:_____

Over the last **two weeks**, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer.)*

	(0) **Not At All**	*(1)* **Several Days**	*(2)* **More Than Half the Days**	*(3)* **Nearly Every Day**
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired, or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
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	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or thought of hurting yourself in some way	☐	☐	☐	☐

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?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐

SR *for families who enrolled later than 3 months after birth

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PHQ-9: Adults

CHVP Patient Health Questionnaire 9

First 5 First Steps

Office use only (use space below for additional notes)			
Was the PHQ-9 completed?			
☐ Yes, **within** 2-week window	☐ Yes, **outside** 2-week window	☐ No (complete next three questions)	
If no, indicate reason why PHQ-9 was not completed			
☐ Parent declined PHQ-9	☐ Unable to contact family	☐ Family dropped out	☐ Family moved
☐ Family in creative outreach	☐ Client delivered prior to 2nd home visit	☐ Family in crisis	☐ Other: _____
Time point:			
☐ Prenatal	☐ 2 weeks postpartum	☐ 2 months postpartum	☐ 2 months after enrollment*
☐ 6 months postpartum	☐ 12 months postpartum	☐ Other: _____	
Is this a new pregnancy (subsequent pregnancy from target child)?			
☐ Yes	☐ No		
Category:			
☐ None (0)	☐ Mild (5-9)	☐ Moderately Severe (15-19)	**Total Score:** _____
☐ Minimal (1-4)	☐ Moderate (10-14)	☐ Severe (20-27)	
If score is 10+, was caregiver referred to mental health provider? (select one)			
☐ Yes	☐ Offered by referral declined	☐ N/A, already engaged in mental health services	

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Cuestionario sobre la salud del paciente - 9 (PHQ-9: Adults)

First 5 First Steps

Nombre:_____ **Fecha:** ____/____/____

Especialista en Apoyo Familiar: _____

Durante las **<u>últimas 2 semanas</u>**, ¿con qué frecuencia le han molestado los siguientes problemas? *(Marque con un "✔" para indicar su respuesta)*

	(0) **Ningún día**	*(1)* **Varios días**	*(2)* **Más de la mitad de los días**	*(3)* **Casi todos los días**
1. Tener poco interés o placer en hacer cosas	☐	☐	☐	☐
2. Sentirse desanimada(o), deprimida(o), o sin esperanza	☐	☐	☐	☐
3. Con problemas en dormirse o en mantenerse dormida(o), o en dormir demasiado	☐	☐	☐	☐
4. Sentirse cansada(o) o tener poca energía	☐	☐	☐	☐
5. Tener poco apetito o comer en exceso	☐	☐	☐	☐
6. Sentir falta de amor propio – o que sea un fracaso o que decepcionara a si misma(o) su familia	☐	☐	☐	☐
7. Tener dificultad para concentrarse en cosas tales como leer el periódico o mirar la televisión	☐	☐	☐	☐
8. Se mueve o habla tan lentamente que otra gente se podria dar cuenta – o de lo contrario, esta tan agitada(o) o inquieta(o) que se mueve mucho más de lo acostumbrado	☐	☐	☐	☐
9. Se le han ocurrido pensamientos de que sería major estar muerta(o) o que se haría daño de alguna manera	☐	☐	☐	☐

Si marcó cualquiera de los problemas, ¿qué tanta dificultad le han dado estos problemas para hacer su trabajo, encargarse de las tareas del hogar, o llevarse bien con otras personas?

No ha sido difícil	**Un poco difícil**	**Muy difícil**	**Extremadamente difícil**
☐	☐	☐	☐

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Cuestionario sobre la salud del paciente - 9 (PHQ-9: Adults)

First 5 First Steps

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