New Mexico
Early Childhood
Education & Care Department

Participant Name and/or ID #_____ Date Completed_____

**CUESTIONARIO SOBRE LA SALUD DEL PACIENTE-9 (PHQ-9)**

| **Durante las últimas 2 semanas, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas?** *(Marque con un "✓"para indicar su respuesta)* | **Ningún día** | **Varios días** | **Más de la mitad de los días** | **Casi todos los días** |
|---|---|---|---|---|
| **1.** Poco interés o placer en hacer cosas | 0 | 1 | 2 | 3 |
| **2.** Se ha sentido decaído(a), deprimido(a) o sin esperanzas | 0 | 1 | 2 | 3 |
| **3.** Ha tenido dificultad para quedarse o permanecer dormido(a), o ha dormido demasiado | 0 | 1 | 2 | 3 |
| **4.** Se ha sentido cansado(a) o con poca energía | 0 | 1 | 2 | 3 |
| **5.** Sin apetito o ha comido en exceso | 0 | 1 | 2 | 3 |
| **6.** Se ha sentido mal con usted mismo(a) – o que es un fracaso o que ha quedado mal con usted mismo(a) o con su familia | 0 | 1 | 2 | 3 |
| **7.** Ha tenido dificultad para concentrarse en ciertas actividades, tales como leer el periódico o ver la televisión | 0 | 1 | 2 | 3 |
| **8.** ¿Se ha movido o hablado tan lento que otras personas podrían haberlo notado? o lo contrario – muy inquieto(a) o agitado(a) que ha estado moviéndose mucho más de lo normal | 0 | 1 | 2 | 3 |
| **9.** Pensamientos de que estaría mejor muerto(a) o de lastimarse de alguna manera | 0 | 1 | 2 | 3 |

**FOR OFFICE CODING** *0* **+** _____ **+** _____ **+** _____

**=Total Score:** _____

**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** |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

**Generalized Anxiety Disorder 2-item (GAD-2)**

**Spanish Version**

| **Durante las últimas 2 semanas, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas?** *(Marque "✓"para indicar su respuesta)* | **Ningún día** | **Varios días** | **Más de la mitad de los días** | **Casi todos los días** |
|---|---|---|---|---|
| **1.** Se ha sentido nervioso(a), ansioso(a) o con los nervios de punta | 0 | 1 | 2 | 3 |
| **2.** No ha sido capaz de parar o controlar su preocupación | 0 | 1 | 2 | 3 |

**FOR OFFICE CODING** *0* **+** _____ **+** _____ **+** _____

**=Total Score:** _____

**Interpretation of Scores and Recommended Action**

| **PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)** | | |
|---|---|---|
| Total Score | Depression Severity | Action |
| 0-4 | Minimal depression | |
| 5-9 | Mild depression | • Provide the Mothers and Babies curriculum as an intervention, as appropriate.<br>• Monitor symptoms over time.<br>• Rescreen according to ECECD periodicity requirements or sooner if symptoms worsen or concerns arise.<br>• If symptoms increase, persist, or interfere with daily functioning, discuss referral options for further evaluation by a mental health professional. |
| 10-14 | Moderate depression | • Referral to mental health professional and/or Primary Care Provider for assessment. *<br>• Provide the Mothers and Babies curriculum as an intervention, as appropriate.<br>• Monitor symptoms over time. |
| 15-19<br><br>20-27 | Moderately severe depression<br><br>Severe Depression | • Referral to mental health professional and/or Primary Care Provider for diagnostic assessment and treatment. * |

A score of 10 and above requires a referral to a mental health professional and/or Primary Care Provider for assessment.

* An emergency referral is required for any client who has intention or plan that they would be better off dead or of hurting themselves or others in some way.

Note: Home Visitors should follow their agency policies and procedures regarding referral and coordination of care for clients who screen above 10 or those who are in need of an emergency referral.

| **Generalized Anxiety Disorder 2-item (GAD-2)** | |
|---|---|
| **Score** | **Interpretation and Next Steps** |
| 0-2 | No potential anxiety symptoms present. No further steps are needed. |
| 3 or higher | May have anxiety symptoms. Referral to mental health professional and/or Primary Care Provider for assessment. |

Acknowledgement

The GAD-2 was based on the GAD-7, which was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

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Adapted from the patient health questionnaire (PHQ) screeners (www.phqscreeners.com). Accessed October 6, 2016. See website for additional information and translations.