New Mexico
Early Childhood
Education & Care Department

Participant Name and/or ID #_____ Date Completed_____

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✓" to indicate your answer)*	**Not at all**	**Several days**	**More than half the 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 your 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: _____

If you checked off any problems, 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**
☐	☐	☐	☐

Generalized Anxiety Disorder 2-item (GAD-2)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✓" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	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. • Monitor symptoms over time. • Rescreen according to ECECD periodicity requirements or sooner if symptoms worsen or concerns arise. • 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. * • Provide the Mothers and Babies curriculum as an intervention, as appropriate. • Monitor symptoms over time.
15-19 20-27	Moderately severe depression 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.