

**MANUAL AND SCORING INSTRUCTIONS FOR THE
PATIENT HEALTH QUESTIONNAIRE FOR ADOLESCENTS (PHQ-A)**

Version 3.6.05 (March 6, 2005 Revised Edition)

Jeffrey G. Johnson, Ph.D. *

Robert L. Spitzer, M.D.*

Kurt Kroenke, M.D.**

Janet B. W. Williams, D.S.W.*

***Columbia University and the New York State Psychiatric Institute**

****Regenstrief Institute for Health Care, Indiana University**

**Please address correspondence to: Jeffrey G. Johnson, Ph.D., Unit 47, NYSPI,
1051 Riverside Drive, New York, NY 10032.
Phone/FAX: 212-663-5776
email: jjohnso@pi.cpmc.columbia.edu**

Version 3.6.05 (March 6, 2005 Revised Edition)

Jeffrey G. Johnson, Ph.D. *

Robert L. Spitzer, M.D.*

Kurt Kroenke, M.D.**

Janet B. W. Williams, D.S.W.*

*Columbia University and the New York State
Psychiatric Institute **Regenstrief Institute for Health
Care, Indiana University

Please address correspondence to:

Jeffrey G. Johnson, Ph.D., Unit 47, NYSPI, 1051

Riverside Drive, New York, NY 10032.

Phone/FAX: 212-663-5776

email: jjohnso@pi.cpmc.columbia.edu

OVERVIEW

The Patient Health Questionnaire for Adolescents (PHQ-A) is a self-report questionnaire that is designed for the purpose of assessing anxiety, mood, eating, and substance use disorders among adolescent primary care patients. The PHQ-A was designed to obtain data, in a few minutes of the patient's time, that may be used to determine whether or not it is probable that an adolescent patient currently has an anxiety, mood, eating, or substance use disorder. PHQ-A diagnoses are most appropriately regarded as provisional diagnoses that require confirmation through further examination of the patient by the physician or a qualified mental health professional. It is particularly important to take this into consideration because the PHQ-A does not yield differential diagnoses, which can only be made by the physician or a qualified mental health professional. Thus, it would not be advisable to make any treatment decisions based solely on the data provided by the patient on the PHQ-A.

The items in the anxiety, mood, eating, and substance use sections of the PHQ-A assess varying time spans, in accordance with the diagnostic criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR). Because the PHQ-A was designed to yield a provisional diagnosis without requiring more than a few minutes of the patient's time, symptoms of mania are not assessed, and only two anxiety disorders are assessed. Further, some diagnostic criteria are not assessed for some disorders, which is a major reason why the PHQ-A diagnoses must be regarded as "provisional" diagnoses. With regard to substance use disorders, the PHQ-A only yields a provisional diagnosis of alcohol or drug "abuse or dependence." The physician or a qualified mental health professional must determine whether the patient meets the specific diagnostic criteria for substance abuse or substance dependence.

THE HISTORY OF THE PHQ-A

The work that led to the development of the Patient Health Questionnaire (PHQ and PHQ-A) began in the early 1990s when a team of researchers and clinicians led by Robert L. Spitzer, M.D. developed a physician-administered structured clinical interview called the PRIME-MD (Primary Care Evaluation of Mental Disorders).¹ The PRIME-MD was developed to help improve the recognition of mental disorders by primary care physicians. Subsequently, a time saving self-administered version of the PRIME-MD, the Patient Health Questionnaire (PHQ) was developed. The PHQ has been found to diagnose mental disorders among primary care patients accurately and reliably.²

The Patient Health Questionnaire for Adolescents (PHQ-A) is an expanded version of the PHQ. In addition to assessing all of the disorders that are assessed with the adult PHQ, the revised PHQ-A also assesses Dysthymic Disorder, Drug Abuse or Dependence, Nicotine Dependence, and Anorexia Nervosa. Appropriate diagnostic criteria are used for diagnosing anxiety, mood, eating, and substance use disorders among adolescents. Research conducted by the developers of the PHQ-A at the New York State Psychiatric Institute and by Dr. Emily Harris of the University of California, Davis has supported the validity and reliability of the PHQ-A.³ The current version of the PHQ-A has been revised, in consultation with Dr. Spitzer and Dr. Harris, to improve the precision and scope of the items used to assess symptoms of anxiety, eating, mood, and substance use disorders. The diagnostic algorithms in the present manual are based on the DSM-IV-TR diagnostic criteria. Previous research with the PHQ-A has been used in refining these algorithms in order to maximize the specificity and predictive power of this instrument.

1. Spitzer RL, Williams JB, Kroenke K, Linzer M, deGruy F, Hahn SR, Brody D, Johnson JG. Utility of a new procedure for diagnosing mental disorders in primary care: The PRIME-MD 1000 study. *JAMA*. 1994;272:1749-59.
2. Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *JAMA*. 1999;282:1737-44.
3. Johnson JG, Harris ES, Spitzer RL, Williams JBW. The Patient Health Questionnaire for Adolescents: validation of an instrument for the assessment of mental disorders among adolescent primary care patients. *Journal of Adolescent Health*. 2002;30:196-204.

INSTRUCTIONS FOR ASSESSING MOOD DISORDERS

Major Depressive Disorder The following three conditions must be met in order to assign a provisional diagnosis of Major Depressive Disorder:

1. The patient must circle “YES: Nearly every day in the past 2 weeks” on PHQ-A item 1 (Little interest or pleasure in doing things), **OR** item 2 (Feeling down, depressed, or hopeless).
2. In addition, the patient must **EITHER**
 - a. Circle “YES: Nearly every day in the past 2 weeks” on at least **5 of the 8** items on the first page of the PHQ-A (PHQ-A items 1-8) **OR**
 - b. Circle “YES: Nearly every day in the past 2 weeks” on at least **4 of the 8** items on the first page of the PHQ-A (PHQ-A items 1-8) **AND ALSO** circle ‘YES’ on PHQ-A item 13 or 14.
3. In addition, the patient must **EITHER**:
 - a. Circle “Quite Difficult,” “Very Difficult,” or “Extremely Difficult,” on PHQ-A item 15 (on the bottom of PHQ-A page 2), **OR**
 - b. Circle ‘YES’ on PHQ-A item 14, **OR**
 - c. Circle “A Little Difficult” on PHQ-A item 15 (on the bottom of PHQ-A page 2), **AND ALSO** circle “YES: Nearly every day in the past 2 weeks” on at least **7 of the 8** items on the first page of the PHQ-A (PHQ-A items 1-8).

Suicidal Ideation If the patient circled YES on items 13 or 14, he/she may be at elevated risk for the onset of suicidal behavior. There is particular reason to be concerned about this possibility and to conduct a more extensive evaluation of the patient’s risk for suicide if he/she circled YES on item 14.

Dysthymic Disorder The following three conditions must be met in order to assign a provisional diagnosis of Dysthymic Disorder:

1. The patient must circle “YES” on PHQ-A items **9 AND 10**.
2. The patient must circle “NO” on PHQ-A item **11**.
3. In addition, the patient must **EITHER**:
 - a. Circle “YES: Nearly every day in the past 2 weeks” at least twice in answering PHQ-A items 3-7 (on the first page of the PHQ-A), **OR**
 - b. Circle “YES: Nearly every day in the past 2 weeks” at least once in answering PHQ-A items 3-7 (on the first page of the PHQ-A), **AND ALSO** circle “YES” on PHQ-A items 12 or 14.
4. In addition, the patient must **EITHER**:
 - a. Circle “Quite Difficult,” “Very Difficult,” or “Extremely Difficult,” on PHQ-A item 15, **OR**
 - b. Circle “YES” on PHQ-A item 14, **OR**
 - c. Circle “A Little Difficult” on PHQ-A item 15, **AND** circle “YES: Nearly every day in the past 2 weeks” at least three times in answering PHQ-A items 3-7, **OR**
 - d. Circle “A Little Difficult” on PHQ-A item 15 **AND** circle “YES: Nearly every day in the past 2 weeks” at least twice in answering PHQ-A items 3-7 **AND** circle “YES” on PHQ-A item 12.

Minor Depressive Disorder A provisional diagnosis of Minor Depressive Disorder may be assigned if the patient has not been diagnosed with Major Depressive Disorder and the following three conditions are met.

1. The patient must circle “YES: Nearly every day in the past 2 weeks” on PHQ-A item 1 (Little interest or pleasure in doing things), **OR** item 2 (Feeling down, depressed, or hopeless).
2. In addition, the patient must **EITHER**
 - a. Circle “YES: Nearly every day in the past 2 weeks” on at least **3 of the 8** items on the first page of the PHQ-A (PHQ-A items 1-8) **OR**
 - b. Circle “YES: Nearly every day in the past 2 weeks” on at least **2 of the 8** items on the first page of the PHQ-A (PHQ-A items 1-8) **AND ALSO** circle “YES” on PHQ-A item 13 or 14.

3. In addition, the patient must **EITHER**:

- a. Circle “Quite Difficult,” “Very Difficult,” or “Extremely Difficult,” on PHQ-A item 15, **OR**
- b. Circle “YES” on PHQ-A item 14, **OR**
- c. Circle “A Little Difficult” on PHQ-A item 15, **AND ALSO** circle “YES: Nearly every day in the past 2 weeks” on at least **4 of the 8** items on the first page of the PHQ-A (PHQ-A items 1-8).

INSTRUCTIONS FOR ASSESSING ANXIETY DISORDERS

Panic Disorder The following three conditions must be met in order to assign a provisional diagnosis of Panic Disorder:

1. The patient must circle “YES” on PHQ-A items 16, 17, 18, **AND** 19.
2. In addition, the patient must circle “YES” at least 4 times in answering PHQ-A items 20-31.
3. In addition, the patient must **EITHER**:
 - a. Circle “Quite Difficult,” “Very Difficult,” or “Extremely Difficult,” on PHQ-A item 41 (on the bottom of PHQ-A page 4), **OR**
 - b. Circle “A Little Difficult” on PHQ-A item 41 (on the bottom of PHQ-A page 4), **AND ALSO** circle “YES” at least 6 times in answering PHQ-A items 20-31.

Generalized Anxiety Disorder The following three conditions must be met in order to assign a provisional diagnosis of Generalized Anxiety Disorder (Includes “Overanxious Disorder of Childhood”):

1. The patient must circle “YES” on PHQ-A items 32, 33, **AND** 34.
2. In addition, the patient must circle “YES: More than half the days in the past 6 months” at least once in answering PHQ-A items 35-40.
3. In addition, the patient must **EITHER**:
 - a. Circle “Extremely Difficult,” on PHQ-A item 41 **OR**,
 - b. Circle “Very Difficult” on PHQ-A item 41 **AND ALSO** circle “YES: More than half the days in the past 6 months” at least twice in answering PHQ-A items 35-40.

- c. Circle “Quite Difficult” on PHQ-A item 41 **AND ALSO** circle “YES: More than half the days in the past 6 months” at least three times in answering PHQ-A items 35-40.
- d. Circle “A Little Difficult” on PHQ-A item 41, **AND ALSO** circle “YES: More than half the days in the past 6 months” at least four times in answering PHQ-A items 35-40.

INSTRUCTIONS FOR ASSESSING SUBSTANCE ABUSE OR DEPENDENCE

Alcohol Abuse or Dependence The following two conditions must be met in order to assign a provisional diagnosis of Alcohol Abuse or Dependence.

- 1. The patient must circle “YES (a few times)” on PHQ-A items 42 or 43.
- 2. In addition, the patient must **EITHER**:
 - a. Circle “YES (more than once)” on PHQ-A items 44, 45, 46, or 47, **AND** circle a total of two or more “YES” responses on PHQ-A items 44, 45, 46, or 47 these responses can include the following responses: “YES (once)” or “YES (more than once)”, **OR**
 - b. Circle “YES (more than once)” on PHQ-A items 44, 45, 46, or 47, **AND ALSO** circle “YES” on PHQ-A items 49, 50, or 51, **OR**
 - c. Circle “YES (more than once)” on PHQ-A items 44, 45, or 46, **AND ALSO** circle “YES” on PHQ-A items 48, 49, 50, or 51.

Nicotine Dependence The provisional diagnosis of Nicotine Dependence may be assigned if the patient circled “A pack a day (20 of Cigarettes) or more” on PHQ-A item 52.

Drug Abuse or Dependence The following three conditions must be met in order to assign a provisional diagnosis of Drug Abuse or Dependence.

- 1. The patient must circle “YES” on PHQ-A item 53, 54, 55, 56, or 57.
- 2. In addition, the patient must **EITHER**:
 - a. Circle “a few times,” or “more than a few times” on PHQ-A item 58, **OR**

- b. Circle “twice” in answering PHQ-A item 58 **AND ALSO** circle “YES (more than once)” on PHQ-A items 59, 60, 61, or 62.

3. In addition, the patient must **EITHER**:

- a. Circle “YES (more than once)” on PHQ-A items 59, 60, 61, or 62, **AND** circle a total of two or more “YES” responses on PHQ-A items 59, 60, 61, or 62 these “YES” responses can include “YES (once)” or “YES (more than once)”, **OR**
- b. Circle “YES (more than once)” on PHQ-A items 59, 60, or 61, **AND ALSO** circle “YES” on PHQ-A items 63, 64, 65, or 66, **OR**
- c. Circle “YES (more than once)” on PHQ-A items 59, 60, 61, or 62, **AND ALSO** circle “YES” on PHQ-A items 64, 65, or 66.

INSTRUCTIONS FOR ASSESSING EATING DISORDERS

Bulimia Nervosa The following five conditions must be met in order to assign a provisional diagnosis of Bulimia Nervosa.

- 1. The patient must circle “YES” on PHQ-A items 72, 73, **AND** 74.
- 2. In addition, the patient must circle “YES” on PHQ-A item 75, 76, 77, 78, 79, or 80.
- 3. In addition, the patient must circle “at least twice a week” on PHQ-A item 81.
- 4. In addition, the patient must circle “YES” on PHQ-A item 71.
- 5. In addition, the patient must **EITHER**:
 - a. Circle “Quite Difficult,” “Very Difficult,” or “Extremely Difficult,” on PHQ-A item 83, **OR**
 - b. Circle “A Little Difficult” on PHQ-A item 83 **AND ALSO** circle at least two of the PHQ-A items assessing compensatory weight loss behaviors (i.e., PHQ-A items 75-80).

Binge Eating Disorder The following three conditions must be met in order to assign a provisional diagnosis of Binge Eating Disorder.

1. The patient must circle “YES” on PHQ-A items 72, 73, **AND** 74.
2. In addition, the patient must circle “Quite Difficult,” “Very Difficult,” or “Extremely Difficult,” on PHQ-A item 83.
3. In addition, the patient is not to be assigned a provisional diagnosis of Binge Eating Disorder if he/she has been diagnosed with Bulimia Nervosa.

Anorexia Nervosa The following four conditions must be met in order to assign a provisional diagnosis of Anorexia Nervosa.

1. The patient’s weight must be below “a minimally normal weight for the patient’s age and height.” defined as less than 85% of normal body weight, in the DSM-IV-TR. A body mass index (BMI) below 18.0 is another way to determine if body weight is abnormally low. The patient’s BMI can be computed using the height and weight data from PHQ-A items 67 and 68, although it is preferable to obtain the patient’s height and weight in the physician’s office or clinic. The following steps can be used to calculate the patient’s body mass index (BMI):
 - a. Calculate the patient’s weight in kilograms (= weight in pounds divided by 2.2046).
 - b. Calculate the patient’s height in meters (= height in inches divided by 39.37).
 - c. Square the patient’s height in meters (= height in meters X height in meters).
 - c. The patient’s body mass index is obtained by dividing the patient’s weight in kilograms by the patient’s height in meters squared (BMI = weight in kilos / height in meters²).
2. In addition, the patient must circle “YES” on PHQ-A item 70.
3. In addition, the patient must circle “YES” on PHQ-A item 69 or 71.
4. In addition, if the patient is female, she must have circled “NO” on PHQ-A item 82 indicating that she has amenorrhea (i.e., the absence of at least three consecutive menstrual periods).

Eating Disorder Not Otherwise Specified A provisional diagnosis of Eating Disorder Not Otherwise Specified (EDNOS) may be assigned if the patient does not meet criteria for Bulimia Nervosa or Anorexia Nervosa AND ANY of the following conditions are met:

1. All of the criteria for Bulimia Nervosa are met except that the patient circled “less than once a week” or “at least once a week” on PHQ-A item 81, **OR**
2. All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual’s current weight is in the normal range (NOTE: Loss of appetite or weight may be reported on PHQ-A item 5, and significant weight loss is likely if the patient’s BMI is less than 19.0), **OR**
3. The patient has Binge Eating Disorder (NOTE: The DSM-IV-TR officially categorizes Binge Eating Disorder both as an Eating Disorder Not Otherwise Specified (EDNOS) and as a diagnostic “Criteria Set Provided for Further Study”), **OR**
4. The patient circled “YES” on PHQ-A item 75, 76, 77, 78, 79, or 80, **AND** the patient circled “at least twice a week” on PHQ-A item 81, **AND** the patient circled “Quite Difficult,” “Very Difficult,” or “Extremely Difficult,” on PHQ-A item 83, **OR**
5. If the patient is a female, all of the conditions in the PHQ-A are met for Anorexia Nervosa except that she did not circle “NO” on PHQ-A item 82, indicating that she does not have amenorrhea.

Obesity

1. Whether or not the patient has an eating disorder, he or she may be identified as being underweight, overweight, or obese. Results of a nationwide epidemiological study of 42,862 households have indicated that elevated body mass, as indicated by an above-normal Body Mass Index (BMI) score, is associated with elevated risk for major depressive disorder, suicidal ideation, and suicidal behavior (Carpenter, Hasin, Allison, & Faith, 2000).⁴ Obesity is also known to be associated with elevated risk for a wide range of adverse physical health outcomes, including cardiovascular illness and diabetes. Effective interventions for obesity are available, and increased physician recognition of obesity may facilitate or promote efforts to encourage or promote weight loss.

2. According to Carpenter et al.:⁴

- Individuals with a BMI between 20.78 and 25.00 are in the normal weight range.
- Individuals with a BMI below 20.78 are underweight,
- Individuals with a BMI between 25.01 and 29.99 are overweight, and
- Individuals with a BMI of 30.00 or higher are obese.

4 Carpenter KM, Hasin DS, Allison DB, Faith MS. Relationships between obesity and DSM-IV major depressive disorder, suicide ideation, and suicide attempts: results from a general population study. *Am J Public Health.* 2000;90:251-257.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit*. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

