

DARTMOUTH-HITCHCOCK MEDICAL CENTER

PHQ-9 Parent Report

Child: _____ Rater: _____ Date: _____

*How often has your child been bothered by each of the following symptoms during **the past 2 weeks**. For each symptom, put an "X" in the box beneath the answer that best describes how your child has been feeling.*

		(0) Not at All	(1) Several Days	(2) More than Half the Days	(3) 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 asleep, staying asleep, or sleeping too much?	0	1	2	3
4	Poor appetite, weight loss, or over-eating?	0	1	2	3
5	Feeling tired, or having little energy?	0	1	2	3
6	Feeling bad about him/herself - feeling like a failure, or that he/she has let him/herself or the family down?	0	1	2	3
7	Trouble concentrating on things like school work, reading, or watching TV?	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 he/she was moving around a lot more than usual?	0	1	2	3
9	Thoughts that he/she would be better off dead, or of hurting him/herself in some way?	0	1	2	3
10	In the past year , has he/she felt depressed or sad most days, even if he/she felt okay sometimes? [] Yes [] No				
11	If he/she is experiencing any of the problems on this form, how difficult have these problems made it for him/her to do 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 he/she has had serious thoughts about ending his/her life? [] Yes [] No				
13	Has he/she EVER , in his/her WHOLE LIFE , tried to kill him/herself or made a suicide attempt? [] Yes [] No				

DARTMOUTH-HITCHCOCK MEDICAL CENTER

PHQ-9 Adolescent Report

For Youth at least 11 years old to complete

Name _____ Date of Birth _____ Today's Date _____

*How often have you been bothered by each of the following symptoms during **the past 2 weeks** For each symptom, put an "X" in the box beneath the answer that best describes how you have been feeling*

		(0) Not at All	(1) Several Days	(2) More than Half the Days	(3) 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 asleep, staying asleep, or sleeping too much?	0	1	2	3
4	Poor appetite, weight loss, or over-eating?	0	1	2	3
5	Feeling tired, or having little energy?	0	1	2	3
6	Feeling bad about yourself - or feeling that you are a failure, or that you have let yourself or your family down?	0	1	2	3
7	Trouble concentrating on things like school work, reading, or watching TV?	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 were 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
10	In the past year , have you felt depressed or sad most days, even if you felt okay sometimes? [] Yes [] No				
11	If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do 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				

GAD-7

For Youth at least 11 years old to complete

Name: _____ Date of Birth: _____ Today's Date: _____

Over the last 2 weeks, how often have you been bothered by each of the following problems?

		(0) Not at All	(1) Several Days	(2) More than Half the Days	(3) 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
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it's hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid, as if something awful might happen	0	1	2	3
8	If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do work, take care of things at home, or get along with other people? <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very Difficult <input type="checkbox"/> Extremely Difficult				

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Child's Name: _____ Date: _____ Parent's Name: _____

Mood and Feelings Questionnaire: Parent Version

This form is about how your child might have been feeling or acting recently
 For each question, please check how much she or he has felt or acted this way in the past 2 weeks.
 If a sentence was true most of the time, circle 2 = TRUE If it was only sometimes true, circle
 1 = SOMETIMES If a sentence was not true, circle 0 = NOT TRUE.

		NOT TRUE	SOME- TIMES	TRUE
1	He/she felt miserable or unhappy.	0	1	2
2	He/she didn't enjoy anything at all.	0	1	2
3	He/she felt so tired he/she just sat around and did nothing.	0	1	2
4	He/she was very restless.	0	1	2
5	He/she felt he/she was no good anymore.	0	1	2
6	He/she cried a lot.	0	1	2
7	He/she found it hard to think properly or concentrate.	0	1	2
8	He/she hated him/herself.	0	1	2
9	He/she felt he/she was a bad person.	0	1	2
10	He/she felt lonely.	0	1	2
11	He/she thought nobody really loved him/her.	0	1	2
12	He/she thought he/she could never be as good as other kids.	0	1	2
13	He/she felt he/she did everything wrong.	0	1	2
14	He/she was less hungry than usual.	0	1	2
15	He/she ate more than usual.	0	1	2
16	He/she felt grumpy and cross with you.	0	1	2
17	He/she didn't sleep as well as he/she usually sleeps.	0	1	2
18	He/she slept a lot more than usual.	0	1	2
19	He/she thought there was nothing good for him/her in the future.	0	1	2
20	He/she thought that life wasn't worth living.	0	1	2
21	He/she thought about killing him/herself.	0	1	2

DARTMOUTH-HITCHCOCK MEDICAL CENTER

Parent Vanderbilt Rating Scale

Child's name: _____

Date of birth: _____ Age: _____ Date: _____

Each rating should be based on what is appropriate for the age of your child. Please rate child's behaviors observed in the past 6 months, using these frequency codes

0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

		Never	Occasionally	Often	Very Often
1	Does not pay attention to details or makes careless mistakes (like with homework)	0	1	2	3
2	Has difficulty sustaining attention to what needs to be done	0	1	2	3
3	Does not seem to listen when spoken to directly	0	1	2	3
4	Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5	Has difficulty organizing tasks and activities	0	1	2	3
6	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7	Loses things necessary for tasks or activities (toys, assignments, pencils, or	0	1	2	3
8	Is easily distracted by noises or other stimuli	0	1	2	3
9	Is forgetful in daily activities.	0	1	2	3
10	Fidgets with hands or feet or squirms in seat	0	1	2	3
11	Leaves seat when remaining seated is expected.	0	1	2	3
12	Runs or climbs too much when remaining seated is expected	0	1	2	3
13	Has difficulty playing quietly or beginning quiet play activities.	0	1	2	3
14	Is "on the go" or acts as if "driven by a motor"	0	1	2	3
15	Talks too much.	0	1	2	3
16	Blurts out answers before the questions have been completed	0	1	2	3
17	Has difficulty waiting his or her turn	0	1	2	3
18	Interrupts or intrudes in others' conversations and/or activities	0	1	2	3
19	Argues with adults.	0	1	2	3
20	Loses temper	0	1	2	3
21	Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22	Deliberately annoys people.	0	1	2	3
23	Blames others for his or her mistakes or misbehaviors.	0	1	2	3
24	Is touchy or easily annoyed by others.	0	1	2	3
25	Is angry or resentful	0	1	2	3
26	Is spiteful and wants to get even	0	1	2	3
27	Bullies, threatens, or intimidates others	0	1	2	3
28	Starts physical fights	0	1	2	3
29	Lies to obtain goods or to avoid obligations (i.e. "cons" others)	0	1	2	3
30	Is truant from school (skips school) without permission.	0	1	2	3
31	Is physically cruel to people.	0	1	2	3
32	Has stolen things that have value.	0	1	2	3
33	Deliberately destroys others' property	0	1	2	3
34	Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35	Is physically cruel to animals	0	1	2	3
36	Has deliberately set fires to cause damage.	0	1	2	3
37	Has broken into someone else's home, business, or car	0	1	2	3
38	Has stayed out at night without permission	0	1	2	3
39	Has run away from home overnight.	0	1	2	3
40	Has forced someone into sexual activity	0	1	2	3
41	Is fearful, anxious, or worried	0	1	2	3
42	Is afraid to try new things for fear of making mistakes.	0	1	2	3
43	Feels worthless or inferior.	0	1	2	3
44	Blames self for problems, feels guilty	0	1	2	3
45	Feels lonely, unwanted or unloved, says that "no one loves" him/her	0	1	2	3
46	Is sad, unhappy, or depressed	0	1	2	3
47	Is self-conscious or easily embarrassed	0	1	2	3

DARTMOUTH-HITCHCOCK MEDICAL CENTER

Teacher Vanderbilt Rating Scale

Child's name: _____ DOB: _____

Teacher: _____ Class(es): _____ Date: _____

Please rate this student's behaviors, in the context of what is appropriate for his/her age.
Please use these frequency codes:

0 = Never 1 = Occasionally 2 = Often 3 = Very Often

	Never	Occasionally	Often	Very Often
1 Fails to give attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2 Has difficulty sustaining attention to tasks or activities.	0	1	2	3
3 Does not seem to listen when spoken to directly.	0	1	2	3
4 Does not follow through when given directions and fails to finish schoolwork (not due to oppositional behavior or failure to understand).	0	1	2	3
5 Has difficulty organizing tasks and activities.	0	1	2	3
6 Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.	0	1	2	3
7 Loses things necessary for tasks or activities (school assignments, pencils, books).	0	1	2	3
8 Is easily distracted by extraneous stimuli.	0	1	2	3
9 Is forgetful in daily activities.	0	1	2	3
10 Fidgets with hands or feet or squirms in seat.	0	1	2	3
11 Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
12 Runs or climbs excessively in situations in which remaining seated is expected.	0	1	2	3
13 Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
14 Is "on the go" or acts as if "driven by a motor".	0	1	2	3
15 Talks excessively.	0	1	2	3
16 Blurts out answers before questions have been completed	0	1	2	3
17 Has difficulty waiting in line.	0	1	2	3
18 Interrupts or intrudes on others (e.g., butts into conversations or games).	0	1	2	3
19 Loses temper.	0	1	2	3
20 Actively defies or refuses to comply with adults' requests or rules.	0	1	2	3
21 Is angry or resentful.	0	1	2	3
22 Is spiteful and vindictive.	0	1	2	3
23 Bullies, threatens, or intimidates others.	0	1	2	3
24 Initiates physical fights.	0	1	2	3
25 Lies to obtain goods for favors or to avoid obligations (cons others).	0	1	2	3
26 Is physically cruel to people.	0	1	2	3
27 Has stolen items of non-trivial value.	0	1	2	3
28 Deliberately destroys others' property.	0	1	2	3
29 Is fearful, anxious, or worried.	0	1	2	3
30 Is self-conscious or easily embarrassed.	0	1	2	3
31 Is afraid to try new things for fear of making mistakes.	0	1	2	3
32 Feels worthless or inferior.	0	1	2	3
33 Blames self for problems; feels guilty.	0	1	2	3
34 Feels lonely, unwanted or unloved; complains that "no one loves" him or her	0	1	2	3
35 Is sad, unhappy, or depressed.	0	1	2	3

Academic and Behavioral Performance Ratings:

Please feel free to add comments to the back of this questionnaire if you wish.
Thanks for your help in assessing this student!!

	Excellent		Average		Problematic
36 Reading	1	2	3	4	5
37 Mathematics	1	2	3	4	5
38 Written Expression	1	2	3	4	5
39 Relationship with peers.	1	2	3	4	5
40 Following directions.	1	2	3	4	5
41 Disrupting class.	1	2	3	4	5
42 Assignment completion.	1	2	3	4	5
43 Organizational skills.	1	2	3	4	5