# Parent Screener

1. Over the past 2 weeks, how often has your child been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all 0 | Several Days 1 | More than Half the Days 2 | Nearly Every Day 3 |
| Little interest or pleasure in doing things | [ ]  | [ ]  | [ ]  | [ ]  |
| Feeling down, depressed or hopeless | [ ]  | [ ]  | [ ]  | [ ]  |

Adapted from the PHQ-2. Kroenke, K., Spitzer, R.L., Williams, J.B. (2003). Medical Care, 41:1284–92.

1. Does your child have loss-of-control eating, meaning it’s hard to stop the child from eating, and he/ she eats a larger amount than usual?

[ ]  Yes [ ]  No

1. **If yes,** does this happen more than 1 day/week for 3 months?

[ ]  Yes [ ]  No

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