



PHQ-9A

Modified for Adolescents

Instructions: How often have you been bothered by each of the following symptoms during the past two 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. Little interest or pleasure in doing things?				
2. Feeling down, depressed, irritable, or hopeless?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Feeling tired, or having little energy?				
5. Poor appetite, weight loss, or overeating?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things such as reading, school work, or watching TV?				
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?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way.				
10. 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?	<input type="checkbox"/> Not difficult at all <input type="checkbox"/> Very difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Extremely difficult			

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?

Yes No

Has there been a time in the past month when you have had serious thoughts about ending your life?

Yes No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

Yes No

Office use only:

Severity score: _____