

The Patient Health Questionnaire (PHQ-9) Modified for Adolescents

Patient Name _____ Date of Birth: _____ Sex: _____ Date: _____

	Over the past 7 days, how often have you been bothered by any of the following problems?	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, irritable, or hopeless?	0	1	2	3
3.	Trouble falling asleep, staying asleep, or sleeping too much?	0	1	2	3
4.	Poor appetite, weight loss, or overeating?	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

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those 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

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-- PHQ-A Modified for Adolescents (PHQ-A) -- Adopted.
https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-Measure-For-Depression-Child-Age-11-to-17.pdf