

Name:

Date:

PHQ-9: Modified for Teens

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom, check the box beneath that answer that best describes how you have been feeling.

1. Feeling down, depressed, irritable, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

2. Little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

3. Trouble falling, staying asleep, or sleeping too much?

- Not at all
- Several days
- More than half the days
- Nearly every day

4. Poor appetite, weight loss, or overeating?

- Not at all
- Several days
- More than half the days
- Nearly every day

5. Feeling tired, or having little energy?

- Not at all
- Several days
- More than half the days
- Nearly every day

6. Feeling bad about yourself - or that you are a failure, or that you have let yourself or your family down?

- Not at all
- Several days
- More than half the days
- Nearly every day

7. Trouble concentrating on things like school work, reading, or watching TV?

- Not at all
- Several days
- More than half the days
- Nearly every day

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?

- Not at all
- Several days
- More than half the days
- Nearly every day

9. Thoughts that you would be better off dead, or of hurting yourself in some way?

- Not at all
- Several days
- More than half the days
- Nearly every day

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 your 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