

PHQ-9: Modified for Teens (11-17 yrs)

Name:

Date:

Instructions: 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.

Symptoms	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep or sleeping too much?				
4. Poor appetite, weight loss or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself –or feeling that you're a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have notice noticed? Or the opposite-being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or hurting yourself in some way?				

In the past year have you felt depressed or sad most days, even if you felt Okay some times? Yes No

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

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

Official use only: Results: Score 0-4 min. depression, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe depression. Management: Score 4 or less -may not need depression Rx. 5-14 MD's clinical judgment about Rx based on duration of sx and functional impairment.>14 Treat using antidepressant, psychotherapy and/or combination. Copied from AAP Form.