TEEN - PATIENT HEALTH QUESTIONNAIRE- 9 (PHQ-9 Modified for Teens)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day	
1. Feeling down, depressed, irritable or hopeless?		1	2	3	
2. Little interest or pleasure in doing things?		1	2	3	
3. Trouble falling asleep, staying asleep, or sleeping too much?		1	2	3	
4. Poor appetite, weight loss, or overeating?		1	2	3	
5. Feeling tired, or having little energy? 0		1	2	3	
Feeling bad about yourself — or that you are a failure or, have let yourself or your family down?		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	
In the <u>past year</u> have you felt depressed or sad most days, even if you felt okay sometimes? ☐ Yes ☐ No					
If you are experiencing any of the problems on this form, how <u>difficult</u> 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 □		Extreme difficul		
Has there been a time in the <u>past month</u> when you have had serious thoughts about ending your life? ☐ Yes ☐ No					
Have you <u>EVER</u> , in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? ☐ Yes ☐No					

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^{**}If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.