

PHQ-9: Modified for Teens

Name: _____ Date: _____

Over the last two weeks, how often have you been bothered by the following problems?

	Not At All	Several Days	More Than Half the Days	Nearly Every Day
Feeling down, depressed, irritable, or hopeless?	0	1	2	3
Little interest or pleasure in doing things?	0	1	2	3
Trouble falling asleep, staying asleep, or sleeping too much?	0	1	2	3
Poor appetite, weight loss, or overeating?	0	1	2	3
Feeling tired, or having little energy?	0	1	2	3
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
Trouble concentrating on things like school work, reading, or watching TV?	0	1	2	3
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
Thoughts that you would be better off dead, or of hurting yourself in some way?	0	1	2	3

<p>Has there been a time in the past month when you have had serious thoughts about ending your life? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**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.*

Total Score: _____

Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)