## PHQ-9 modified for Adolescents (PHQ-A)

| Name: Samir Khali Date: 02(17/202)  |                                      |                        |   |                               |  |  |
|---|--------------------------------------|------------------------|---|-------------------------------|--|--|
| Instructions: How often have you been bothered by each of the following symptoms during the past <a href="two">two</a> <a href="two">weeks</a> ? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling. |                                      |                        |   |                               |  |  |
|   | (0)<br>Not at<br>all                 | (1)<br>Several<br>days | (2)<br>More<br>than<br>half<br>the days | (3)<br>Nearly<br>every<br>day |  |  |
| 1. Feeling down, depressed, irritable, or hopeless?   |                                      | X                      |   |                               |  |  |
| 2. Little interest or pleasure in doing things?   |                                      |                        |   | X                             |  |  |
| 3. Trouble falling asleep, staying asleep, or sleeping too much?  |                                      |                        |   | X                             |  |  |
| 4. Poor appetite, weight loss, or overeating?   |                                      | X                      |   |                               |  |  |
| 5. Feeling tired, or having little energy?  |                                      |                        |   | X                             |  |  |
| 6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?   | X                                    |                        |   | ·                             |  |  |
| 7. Trouble concentrating on things like school work, reading, or watching TV?   |                                      |                        | ×                                       |                               |  |  |
| <ul><li>8. Moving or speaking so slowly that other people could have noticed?</li><li>Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?</li></ul>   |                                      |                        | X                                       |                               |  |  |
| Thoughts that you would be better off dead, or of hurting yourself in some way?   | X                                    |                        | -                                       | (                             |  |  |
| 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 <b>difficult</b> 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 <u>past month</u> when you have had serious thoughts about ending your life?   |                                      |                        |   |                               |  |  |
| □Yes ☑Ño  |                                      |                        |   |                               |  |  |
| Have you <b>EVER</b> , in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?  |                                      |                        |   |                               |  |  |
| □Yes □No  |                                      |                        |   |                               |  |  |
| **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.  |                                      |                        |   |                               |  |  |
| Office use only:  | Seve                                 | erity score: _         | 15                                      |                               |  |  |

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## PHQ-9 modified for Adolescents (PHQ-A)

| Name: Clinician: 59   | mir K                               | rall Date                       | : 06/09/                                | 1502                          |  |  |
|---|-------------------------------------|---------------------------------|---|-------------------------------|--|--|
| Instructions: How often have you been bothered by each weeks? For each symptom put an "X" in the box beneath teeling.   | of the followin<br>the answer tha   | g symptoms o<br>at best describ | luring the past<br>ses how you ha       | two<br>ave been               |  |  |
|   | (0)<br>Not at<br>all                | (1)<br>Several<br>days          | (2)<br>More<br>than<br>half<br>the days | (3)<br>Nearly<br>every<br>day |  |  |
| <ol> <li>Feeling down, depressed, irritable, or hopeless?</li> </ol>  |                                     |                                 | X                                       |                               |  |  |
| 2. Little interest or pleasure in doing things?   |                                     |                                 | ×                                       |                               |  |  |
| 3. Trouble falling asleep, staying asleep, or sleeping too much?  |                                     |                                 | X                                       |                               |  |  |
| 4. Poor appetite, weight loss, or overeating?   | X                                   |                                 |   |                               |  |  |
| 5. Feeling tired, or having little energy?  |                                     |                                 | ×                                       |                               |  |  |
| 6. Feeling bad about yourself – or feeling that you are a<br>failure, or that you have let yourself or your family<br>down?   | ×                                   |                                 |   |                               |  |  |
| 7. Trouble concentrating on things like school work, reading, or watching TV?   |                                     | X                               |   |                               |  |  |
| <ul><li>Moving or speaking so slowly that other people could have noticed?</li><li>Or the opposite – being so fidgety or restless that you</li></ul>  | ×                                   |                                 | ,                                       |                               |  |  |
| were moving around a lot more than usual?   |                                     |                                 |   |                               |  |  |
| 9. Thoughts that you would be better off dead, or of<br>hurting yourself in some way?   | ×                                   |                                 |   |                               |  |  |
| In the mant week to be a first to the first |                                     |                                 |   |                               |  |  |
| In the past year have you felt depressed or sad most days, e  | even if you fel                     | t okay sometii                  | mes?                                    |                               |  |  |
| □ Yes □ No  |                                     |                                 |   |                               |  |  |
| If you are experiencing any of the problems on this form, how <b>difficult</b> 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   □   | √ery difficult □Extremely difficult |                                 |   |                               |  |  |
| Has there been a time in the nast month when you have be  |                                     |                                 |   |                               |  |  |
| Has there been a time in the <u>past month</u> when you have had serious thoughts about ending your life?  □Yes □Yo   |                                     |                                 |   |                               |  |  |
| Have you <b>EVER</b> , in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?  |                                     |                                 |   |                               |  |  |
| □Yes □No  |                                     |                                 |   |                               |  |  |
| **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.  |                                     |                                 |   |                               |  |  |
| Office use only:  | Seve                                | rity score: _                   | 9                                       |                               |  |  |

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