

PHQ-9 modified for Adolescents (PHQ-A)

Patient name: _____

Today's date: _____

Symptoms in the past TWO WEEKS	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 are 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 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 of hurting yourself in some way?				

In the **past year** 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 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

- 1) In the past few weeks, have you wished you were dead? Yes No
- 2) In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
- 3) In the past week, have you been having thoughts about killing yourself? Yes No
- 4) Have you ever tried to kill yourself? Yes No
- If yes, how? _____ When? _____

If yes to any of the above:

- 5) Are you having thoughts of killing yourself right now? Yes No
- If yes, please describe: _____

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: PHQ score _____

1 to 4: none
5 to 9: mild
10 to 14: moderate
15 to 19: moderately severe
20 to 27: severe

Screening result

- Acute positive
 Non-acute positive
 Negative

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