**PHQ-A (Adolescent version, ages 11-17)**

|  |  |
| --- | --- |
| **Name:** | **Date:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | (0)  Not at all | (1)  Several days | (2)  More than half the days | (3)  Nearly every day |
| **In the past two weeks, how often have you…** |  |  |  |  |
| 1. **Felt down, depressed, irritable, or hopeless?** |  |  |  |  |
| 1. **Had little interest or pleasure in doing things?** |  |  |  |  |
| 1. **Had trouble falling asleep, staying asleep, or sleeping too much?** |  |  |  |  |
| 1. **Had poor appetite, weight loss, or overeating?** |  |  |  |  |
| 1. **Felt tired, or had little energy?** |  |  |  |  |
| 1. **Felt bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?** |  |  |  |  |
| 1. **Had trouble concentrating on things like schoolwork, reading, or watching TV?** |  |  |  |  |
| 1. **Moved, or spoke so slowly that other people may have noticed?**   **Or the opposite – were so fidgety or restless that you were moving around a lot more than usual?** |  |  |  |  |
| 1. **Had 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 schoolwork, take care of things at home, or get along with other people?** | Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult |

***After completing, please give this form to Dr. Johnson or any staff member. Thank you!***

Office Use Only:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Doctor Reviewed |  | C-SSRS Given |  | Score Entered |  | Scanned |  | Score |  |