

HEALING MINDS

PHQ-A — Patient Health Questionnaire for Adolescents

Patient Name:

Date:

1. Feeling down, depressed, irritable, or hopeless?

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

2. Little interest or pleasure in doing things?

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

3. Trouble falling asleep, staying asleep, or sleeping too much?

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

4. Poor appetite, weight loss, or overeating?

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

5. Feeling tired, or having little energy?

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

6. Feeling bad about yourself — or feeling like a failure?

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

7. Trouble concentrating on schoolwork, reading, or watching TV?

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

8. Moving or speaking noticeably slowly OR being fidgety/restless?

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

9. Thoughts that you would be better off dead or hurting yourself?

0 Not at all

1 Several days

2 More than half the days

3 Nearly every day

Additional Questions:

In the past year, have you felt depressed or sad most days?

Yes

No

If you are experiencing any of the above problems, how difficult have these made daily life?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Have you had serious thoughts about ending your life in the past month?

Yes

No

Have you EVER tried to kill yourself or made a suicide attempt?

Yes

No