PHQ-9: Modified for Teens(parent report)

Name: ________________________ **Clinician:** ______________________ **Date:** ___________________

Instructions: How often has your teen been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an **"X"** in the box beneath the answer that best describes how s/he has been feeling.

	(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 him/herself – or feeling like a failure, or that s/he has let him/herself 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 she/he was moving around a lot more than usual?				
9. Thoughts that she/he would be better off dead, or of hurting him/herself in some way?				

In the **past year** has she/he felt depressed or sad most days, even if she/he felt okay sometimes?
[ ] Yes [ ] No

If she/he is experiencing any of the problems on this form, how **difficult** have these problems made it for him/her to do his/her 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 **past month** when she/he has had serious thoughts about ending his/her life?
[ ] Yes [ ] No

Has she/he **EVER**, in her/his WHOLE LIFE, tried to kill her/himself or made a suicide attempt?
[ ] Yes [ ] No

***If your child has had thoughts that s/he would be better off dead or of hurting him/herself in some way, please discuss this with your Health Care Clinician, bring him/her to a hospital emergency room or call 911.*

Office use only **Severity score:** ___________

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