

3: PHQ-A Severity Measure for Depression

Severity Measure for Depression
 "PHQ-9 Modified for Adolescents (PHQ-A)--Adapted

Name: _____ DOB: _____ Sex: Male Female

Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom, put an "X" in the box beneath the answer that best describes how you have been feeling:

					Clinical Use	
					Item Score	
		(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?					
					Total/Partial Raw Score:	
					Prorated Total Raw Score: (if 1-2 items left unanswered)	

Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes