

# Severity Measure for Depression – Age 11 – 17\*

\*PHQ-9 Modified for Adolescents (PHQ-A) – Adapted

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female  Date: \_\_\_\_\_

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

		(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day	Item Score <i>Clinician Use</i>
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?					
<b>Total/Partial Raw Score:</b>						
<b>Prorated Total Raw Score: (if one to two items left unanswered)</b>						

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

