Western Washington Medical Group

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

Name:	**Date:** / /

Instructions: How often have you 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 you have been feeling.

	Not at all	Several days	More than half the days	Nearly every day
Score	(0)	(1)	(2)	(3)
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 TV?				
8. Moving, or speaking so slowly that other people may 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?				
Total =	_____	+_____	+_____	+_____

In the past year have you ever felt depressed or sad most days, even if you felt okay sometimes? (circle one)

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 work, take care of things at home, or get along with other people? (circle one)

Not difficult at all **Somewhat difficult** **Very difficult** **Extremely difficult**

Has there been a time in the past month when you have had serious thoughts about ending your life? (circle one)

Yes **No**

Have you ever in your whole life, tried to kill yourself or made a suicide attempt? (circle one)

Yes **No**