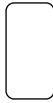





PHQ-9 – Adolescent

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all 	Several Days 	More than half the days 	Nearly every day 
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, irritable, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired, or having little energy	0	1	2	3
Poor appetite, weight loss, or overeating	0	1	2	3
Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down	0	1	2	3
Trouble concentrating on things like school work, reading, or watching TV	0	1	2	3
Moving or speaking so slowly that other people could have noticed, or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

- 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?

- Not 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?

- Yes
- No

Have you **EVER**, in your whole life, tried to kill yourself or made a suicide attempt?

- Yes
- No