



Patient Health Questionnaire Modified for Adolescents (PHQ-A)

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle the number to indicate your answer. If you are in between a choice, please choose the number you are leaning more towards. If you are exactly in between, please choose the higher number.

	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
For office coding	0	+	+	+

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

Yes
☐

No
☐

If you checked off any problems, 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 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?

Yes
☐

No
☐

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

Yes
☐

No
☐

Patient Name: _____ Patient Birthdate: _____ Today's Date: _____