



Severity Measure for Depression - Child Age 11-17

(PHQ-A)

Name: _____ Age: _____ Sex: M F Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past **7 days**? For each symptom, circle the appropriate number that best describes how you have been feeling.

	Not at all	Several Days	More than half the days	Nearly every day
1 Feeling down, depressed, irritable, or hopeless?	0	1	2	3
2 Little interest or pleasure in doing things?	0	1	2	3
3 Trouble falling asleep, staying asleep, or sleeping too much?	0	1	2	3
4 Poor appetite, weight loss, or overeating?	0	1	2	3
5 Feeling tired, or having little energy?	0	1	2	3
6 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
7 Trouble concentrating on things like school work, reading, or watching TV?	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 were 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

Total/Partial Raw Score: _____

Prorated Total Raw Score: (if 1-2 items left unanswered) _____