PHQ-A: Depression Scale Modified for Teens

Instructions: The following questions ask about how you've been feeling over the past two weeks. For each question, put an “X” in the box that best describes your experience.

	Never (0)	A few times (1)	Often (2)	Almost always (3)
1. Have you found it hard to concentrate on things like studying, reading, or watching TV?	☐	☐	☐	☐
2. Have you been feeling down, irritable, or hopeless?	☐	☐	☐	☐
3. Have you felt overly tired, or had little energy for your daily activities?	☐	☐	☐	☐
4. Have you been bothered by sleep troubles such as falling asleep, staying asleep, or feeling the need to sleep too much?	☐	☐	☐	☐
5. Have you had little interest or pleasure in doing things you usually enjoy?	☐	☐	☐	☐
6. Have you been feeling bad about yourself, or felt like a failure or that you've disappointed yourself or your family?	☐	☐	☐	☐
7. Have you experienced changes in appetite or weight, either eating less/more than usual or losing/gaining weight?	☐	☐	☐	☐
8. Have you noticed that you've been moving or talking so slowly that others could see it? Or, have you been so fidgety or restless that you've been moving around more than usual?	☐	☐	☐	☐
9. Have you had thoughts about wanting to be dead, or about harming yourself in some way?	☐	☐	☐	☐

Looking back over the past year, were there days when you felt low or depressed most of the time, even if there were some okay days?
☐ Yes ☐ No
When you think about these issues on this form, how much have they interfered with your life? Think about your school work, relationships, and your daily life.
☐ Yes ☐ No
When you think about these issues on this form, how much have they interfered with your life? Think about your school work, relationships, and your daily life.
☐ No interference at all ☐ Minor interference ☐ Major interference ☐ Total interference
Has there been a time in the past month when you have had serious thoughts about ending your life?
☐ Yes ☐ No
Have you EVER tried to attempt suicide?
☐ Yes ☐ No

**If you've had thoughts of wanting to be dead or of harming yourself in any way, please tell a trusted adult, visit a hospital emergency room, or call 911 right away.

Severity score: _____

Modified from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)