Pediatric Depression Screening Tool

Name: _____ **Age:** _____

Gender:

◯ Male ◯ Female ◯ Other

Date: _____ dd / mm / yyyy

The Severity Measure for Depression—Child Age 11–17, also known as the PHQ-9 modified for Adolescents (PHQ-A), is a tool used to assess the severity of depression in adolescents. It is an adaptation of the Patient Health Questionnaire-9 (PHQ-9), which is commonly used to screen and diagnose depression in adults.

How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom, select the answer that best describes how you have been feeling.

Feeling down, depressed, irritable, or hopeless?

◯ Not at all ◯ Several days ◯ More than half the days ◯ Nearly every day

Little interest or pleasure in doing things?

◯ Not at all ◯ Several days ◯ More than half the days ◯ Nearly every day

Trouble falling asleep, staying asleep, or sleeping too much?

◯ Not at all ◯ Several days ◯ More than half the days ◯ Nearly every day

Poor appetite, weight loss, or overeating?

◯ Not at all ◯ Several days ◯ More than half the days ◯ Nearly every day

Feeling tired, or having little energy?

◯ Not at all ◯ Several days ◯ More than half the days ◯ Nearly every day

Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?

◯ Not at all ◯ Several days ◯ More than half the days ◯ Nearly every day

Trouble concentrating on things like school work, reading, or watching TV?

◯ Not at all ◯ Several days ◯ More than half the days ◯ Nearly every day

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?

◯ Not at all ◯ Several days ◯ More than half the days ◯ Nearly every day

Thoughts that you would be better off dead, or of hurting yourself in some way?

◯ Not at all ◯ Several days ◯ More than half the days ◯ Nearly every day

Total / Partial Raw Score: _____ **Pro-rated Total Raw Score:** _____

Signature of Evaluator:

Client's / Guardian's Signature:

Date: _____ dd / mm / yyyy