

How often have you been bothered by the below symptoms over the last two weeks?

## Little Interest, Pleasure in Activities

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

## Feeling Down, Depressed, Hopeless

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

For a score of 1 to 6, complete the remaining questions.

The questions above are the first step of the PHQ-9, for a score of 0 no additional evaluation is needed at this time.

## CHILD / ADOLESCENT HEALTH QUESTIONNAIRE – PHQ 9

## Trouble Falling or Staying Asleep

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

## Feeling Tired or Little Energy

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

## Poor Appetite, Weight Loss or Overeating

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

## Feeling Bad About Yourself

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

## Trouble Concentrating

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

## Moving or Speaking Slowly

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

## Thoughts Better Off Dead or Hurting Self

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

## Difficulty at Work, Home, or Getting Along With Others

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

If response anything but "Not at all" notify attending physician.

## Depressed or Sad Most Days in Past year

- Yes       No

## Serious Thoughts About Ending Life in Past Month

- Yes       No

## Ever Tried to Kill Self or Made Suicide Attempt

- Yes       No