

PHQ-9 Parent Report

Child: _____ Rater: _____ Date: _____

| <i>How often has your child been bothered by each of the following symptoms during the past 2 weeks. For each symptom, put an "X" in the box beneath the answer that best describes how your child has been feeling.</i> | | (0) Not at All | (1) Several Days | (2) More than Half the Days | (3) 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 over-eating? | 0 | 1 | 2 | 3 |
| 5 | Feeling tired, or having little energy? | 0 | 1 | 2 | 3 |
| 6 | Feeling bad about him/herself - feeling like a failure, or that he/she has let him/herself or the 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 he/she was moving around a lot more than usual? | 0 | 1 | 2 | 3 |
| 9 | Thoughts that he/she would be better off dead, or of hurting him/herself in some way? | 0 | 1 | 2 | 3 |
| 10 | In the past year , has he/she felt depressed or sad most days, even if he/she felt okay sometimes? [] Yes [] No | | | | |
| 11 | If he/she is experiencing any of the problems on this form, how difficult have these problems made it for him/her to do work, take care of things at home, or get along with other people? [] Not difficult at all [] Somewhat difficult [] Very Difficult [] Extremely Difficult | | | | |
| 12 | Has there been a time in the past month when he/she has had serious thoughts about ending his/her life? [] Yes [] No | | | | |
| 13 | Has he/she EVER , in his/her WHOLE LIFE , tried to kill him/herself or made a suicide attempt? [] Yes [] No | | | | |