



The Kahala Clinic

for Children & Family

Severity Measure for Depression (Ages 11-17)

***PHQ-9 modified for Adolescents (PHQ-Am J. Johnson, 2002) Adapted**

Patient Name: _____ Age: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom put an "x" in the box beneath the answer that best describes how you have been feeling.

DURING THE PAST WEEK	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?	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 Score				

0-4: None or Minimal depression symptoms
5-14: Mild to Moderate depression symptoms
15-19: Moderate to Severe depression symptoms
20-27: Severe depressive symptoms