

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				