

Please get your child/teen's input in answering the assessment questions in the rest of this paperwork

(if developmentally appropriate)

Over the last 2 weeks, how often has your child/teen been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	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 you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

Please total your score. Total Score: _____ = _____ + _____ + _____ + _____

If you checked off any problems, how difficult have these problems made it for your child/teen to do school work, do activities at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

NAME: _____

DATE: _____