

BRIEF MDD SCREENING FORM (2009)

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ADAPTED FOR TEMPORARY USE BY THE COLUMBIA UNIVERSITY TEENSCREEN PROJECT

BASED ON PAGE 1 OF THE ORIGINAL PHQ-A (Johnson, Spitzer, Williams & Kroenke)

INSTRUCTIONS: This questionnaire will help in understanding problems that you may have. Please make sure to circle YES or NO for each question unless the instructions tell you to skip over some questions.

First, here are some questions about depression and your mood.

During the last 2 weeks, have you had any of the following problems nearly every day?

- | | | |
|---|-----|----|
| 1. Little interest or pleasure in doing things? | Yes | No |
| 2. Feeling down, depressed, or hopeless? | Yes | No |

If you answered YES to either question 1 or 2, please answer the rest of the questions on this page.

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|---|-----|----|
| 3. Trouble falling or staying asleep, or sleeping too much? | Yes | No |
| 4. Feeling tired or having little energy? | Yes | No |
| 5. Poor appetite or overeating? | Yes | No |
| 6. Feeling bad about yourself - or that you are a failure, or have let yourself or your family down? | Yes | No |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television? | Yes | No |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual? | Yes | No |
| 9. In the last 2 weeks, have you had thoughts that you would be better off dead, or of hurting yourself in some way? | Yes | No |

