

Name: _____

Date: _____

Adolescent PHQ-9

Instructions: Place an "X" in the box beneath the answer that best describes how you've been feeling in the past ***TWO WEEKS***.

<i>IN THE PAST TWO WEEKS...</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?				
2. Little interest or pleasure in doing thing				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or over-eating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down.				
7. Trouble concentrating on things like school work, reading, or watching TV?				
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?				
9. Thoughts that you'd be better off dead or of hurting yourself in some way?				
A. In the <i>past year</i> have you felt depressed or sad most days, even if you felt okay sometimes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
B. If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult				
C. Has there been a time in the <i>past month</i> when you have had serious thought of ending your life? <input type="checkbox"/> Yes <input type="checkbox"/> No				
D. Have you <i>EVER</i> , in your <i>whole life</i> , tried to kill yourself or made a suicide attempt? <input type="checkbox"/> Yes <input type="checkbox"/> No				

CRAFT

Instructions: Place and "X" in the box beneath the answer the best describes you

	Yes	No
In the past year, did you drink any alcohol (more than a few sips)?		
In the past year, did you smoke any marijuana or Hasish?		
In the past year, did you use anything else to get high (illegal drugs, prescription drugs, over the counter meds, anything you sniff or huff)?		
IF yes to any of the questions above		
1. Have you <i>ever</i> ridden in a Car driven by someone (including yourself) who was high or had been using alcohol or drugs?		
2. Do you <i>ever</i> use alcohol or drugs to Relax , feel better about yourself or fit in?		
3. Do you <i>ever</i> use alcohol or drugs while you are Alone ?		
4. Do you <i>ever</i> Forget things you did while you are using alcohol or drugs?		
5. Do your Family or Friends <i>ever</i> tell you that you should cut down on your drinking or drug use?		
6. Have you <i>ever</i> gotten into Trouble while you were using alcohol or drugs?		

Adolescent PHQ-9 Scoring

Instructions:

- Add each of the columns and sum the rows for a total score between 0-27
- Based on your score, reference the chart below and take the action indicated

Score	Interpretation
0-4	It is unlikely that your symptoms indicate clinical depression. If the symptoms seem to get worse, you may benefit from consulting with your school counselor
5-8	There may be a chance that your symptoms may indicate clinical depression. If the symptoms seem to get worse or persist, please consult with your school counselor.
9 or higher	It is likely that your symptoms indicate clinical depression (mild to severe) and would therefore benefit from talking to a professional about these feelings. Please see your school counselor or visit the school based health center.
Questions C and D	If you answered “Yes” to either of these questions, regardless of your score, it is strongly recommended that you talk to a professional for further screening. Please see your school counselor or visit the school based health center.

CRAFFT Scoring

Instructions:

- Add up the number of “Yes” answers to questions 1-6 for a total score between 0-6
- Based on your score, reference the chart below and take the action indicated

Score	Interpretation
0-1	It is unlikely you are in need of further assessment regarding your substance use. If symptoms get worse, you may benefit from consulting with your school counselor or the school drug/alcohol counselor.
2 or higher	Your score indicates you may be at risk of substance abuse or dependence and therefore would benefit from talking to a professional about your use. Please see your school counselor, the school drug/alcohol counselor, or visit the school based health center.