

# Pediatric Q Generic Phqa

Record ID

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## Questionnaire - Metadata

Session ID

\_\_\_\_\_

Questionnaire Started At

\_\_\_\_\_

Questionnaire Completed At

\_\_\_\_\_

Questionnaire Duration (seconds)

\_\_\_\_\_

**How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom select the answer that best describes how you have been feeling.**

	Not at all	Several days	More than half the days	Nearly every day
Feeling down, depressed, irritable, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep, staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite, weight loss, or overeating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired, or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or feeling that you are a failure, or that you have let yourself or your family down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things like school work, reading, or watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thoughts that you would be better off dead, or of hurting yourself in some way?

