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Severity Measure for Depression—Child Age 11–17

Instructions: How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom put a CHECK in the box beneath 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?				
Little interest or pleasure in doing things?				
Trouble falling asleep, staying asleep, or sleeping too much?				
Poor appetite, weight loss, or overeating?				
Feeling tired, or having little energy?				
Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
Trouble concentrating on things like school work, reading, or watching TV?				
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?				
Thoughts that you would be better off dead, or of hurting yourself in some way?				

Severity Measure for Generalized Anxiety Disorder—Child Age 11–17

Over the last 7 days, how often have you been bothered by the following problems?

	Never	Occasionally	Half of the Time	Most of the Time	All of the Time
Felt moments of sudden terror, fear, or fright					
Felt anxious, worried, or nervous					
Had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents					
Felt a racing heart, sweaty, trouble breathing, faint, or shaky					
Felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping					
Avoided, or did not approach or enter, situations about which I worry					
Left situations early or participated only minimally due to worries					
Spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries					
Sought reassurance from others due to worries					
Needed help to cope with anxiety (e.g., alcohol or medication, superstitious objects, or other people)					