Depression Self-Screening

1. Over the Past two weeks, how often have you been bothered by any of these problems.

Please read each item carefully and circle your response:

a. Little Interest or pleasure in doing things

Not at all | Several days | More than half the days | Nearly every day

b. Feeling down depressed or hopeless

Not at all | Several days | More than half the days | Nearly every day

c. Trouble falling asleep, staying asleep or sleeping too much.

Not at all | Several days | More than half the days | Nearly every day

d. Feeling tired or having little energy.

Not at all | Several days | More than half the days | Nearly every day

e. Poor appetite or overeating

Not at all | Several days | More than half the days | Nearly every day

f. Feeling bad about yourself, feeling you are a failure, or feeling you have let yourself or your family down

Not at all | Several days | More than half the days | Nearly every day

g. Trouble concentrating on things such as reading the newspaper or watching television

Not at all | Several days | More than half the days | Nearly every day

h. Moving or speaking so slowly that others people could have noticed or being so fidgety or restless that you have been moving around a lot more than normal.

Not at all | Several days | More than half the days | Nearly every day

i. Thinking that you would be better off dead or that you want to hurt yourself in some way.

Not at all | Several days | More than half the days | Nearly every day

2. If you circled any problems on this questionnaire, how difficult have these problems made it for you to work, take care of things at home or get along with other people?

Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult

Please make an appointment for additional screening if:

- You indicated any days for 1i.
- 5 or more (1 a-i) are circled as at least “More than half the days.”
- If you answered very difficult or extremely difficult on 2

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