

DO YOU HAVE DEPRESSION?

DEPRESSION SELF TEST

Over the last 2 weeks, how often have you been bothered by any of the following problems?		Nearly every day	About half the days	Mild or less than ¼ of the time	Not at all
1	Sadness or feelings of emptiness; or feeling down, depressed or hopeless	3	2	1	0
2	Decreased interest or pleasure in doing things	3	2	1	0
3	Unhealthy decrease or increase in appetite; or unusual or unwanted loss or gain in weight	3	2	1	0
4	Trouble falling or staying asleep or sleeping too much	3	2	1	0
5	Experiencing fatigue; feeling tired or having little energy	3	2	1	0
6	Thoughts you would be better off dead or...considering harming yourself or others in some way...or being preoccupied with death or symbols of death	3	2	1	0
7	Feeling bad about yourself; feeling like you are a failure or that you have let yourself or your family down	3	2	1	0
8	Decrease in ability to think or concentrate on common tasks such as reading or learning and/or difficulty making good decisions	3	2	1	0
9	Others (or you) have noticed your physical movements or speech have been slower than normal; or instead that you have more agitation or restlessness or irritation with yourself or others	3	2	1	0

(Add up columns and total) **DEPRESSION LEVEL** ___ + ___ + ___ = _____

NONE 0-6

MILD 7-10

MODERATE 11-19

SEVERE 20-27

If you have checked off any problems, 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?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Please Note:

Having recently faced a dramatic emotional crisis or loss can cause situational depression or bereavement.

This test is not designed to replace the competent evaluation of a health professional.

Source: Nedley Health Solutions 2015 Catalog