

Form 3.2: Depression Scale

The following items ask about depression. For each item, circle the number for the answer that best describes your experience *over the past week*.

1. In the past week, how often have you felt depressed?

- 0 = *No* depression in the past week.
- 1 = *Infrequent* depression. Felt depressed a few times.
- 2 = *Occasional* depression. Felt depressed as much of the time as not.
- 3 = *Frequent* depression. Felt depressed most of the time.
- 4 = *Constant* depression. Felt depressed all of the time.

2. In the past week, when you have felt depressed, how intense or severe was your depression?

- 0 = *Little or None*: Depression was absent or barely noticeable.
- 1 = *Mild*: Depression was at a low level.
- 2 = *Moderate*: Depression was intense at times.
- 3 = *Severe*: Depression was intense much of the time.
- 4 = *Extreme*: Depression was overwhelming.

3. In the past week, how often did you have difficulty engaging in or being interested in activities you normally enjoy because of depression?

- 0 = *None*: I had no difficulty engaging in or being interested in activities that I normally enjoy because of depression.
- 1 = *Infrequent*: A few times I had difficulty engaging in or being interested in activities that I normally enjoy because of depression. My lifestyle was not affected.
- 2 = *Occasional*: I had some difficulty engaging in or being interested in activities that I normally enjoy because of depression. My lifestyle has only changed in minor ways.
- 3 = *Frequent*: I have considerable difficulty engaging in or being interested in activities that I normally enjoy because of depression. I have made significant changes in my life style because of being unable to become interested in activities I used to enjoy.
- 4 = *All the Time*: I have been unable to participate in or be interested in activities that I normally enjoy because of depression. My lifestyle has been extensively affected and I no longer do things that I used to enjoy.

4. In the past week, how much did your depression interfere with your ability to do the things you needed to do at work, at school, or at home?

- 0 = *None*: No interference at work/home/school from depression
- 1 = *Mild*: My depression has caused some interference at work/home/school. Things are more difficult, but everything that needs to be done is still getting done.
- 2 = *Moderate*: My depression definitely interferes with tasks. Most things are still getting done, but few things are being done as well as in the past.
- 3 = *Severe*: My depression has really changed my ability to get things done. Some tasks are still being done, but many things are not. My performance has definitely suffered.
- 4 = *Extreme*: My depression has become incapacitating. I am unable to complete tasks and have had to leave school, have quit or been fired from my job, or have been unable to complete tasks at home and have faced consequences like bill collectors, eviction, etc.

5. In the past week, how much has depression interfered with your social life and relationships?

- 0 = *None*: My depression doesn't affect my relationships.
- 1 = *Mild*: My depression slightly interferes with my relationships. Some of my friendships and other relationships have suffered, but, overall, my social life is still fulfilling.
- 2 = *Moderate*: I have experienced some interference with my social life, but I still have a few close relationships. I don't spend as much time with others as in the past, but I still socialize sometimes.
- 3 = *Severe*: My friendships and other relationships have suffered a lot because of depression. I do not enjoy social activities. I socialize very little.
- 4 = *Extreme*: My depression has completely disrupted my social activities. All of my relationship have suffered or ended. My family life is extremely strained.

TOTAL SCORE: _____

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