|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |
| --- |
| http://www.therapysites.com/common/themes/global/spacer.gif |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Depression Screening Questionnaire** Below is a basic depression-screening questionnaire. This is not designed to make a diagnosis of depression or take the place of a professional diagnosis. At times, everybody gets down in the dumps, but if life is consistently getting you down and your lows are making it hard to function, you may be depressed. If you suspect that you are depressed, please consult with a mental health professional as soon as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **No, not at all** | **Sometimes****(severaldays)**  | **Often****(over ½ the time)**  | **Regularly (nearly  every day)**  |
|  |  |  |  |  |  |
| 1.  | I have little interest or pleasure in things I used to enjoy. | 0  | 1  | 2  | 3  |
| 2.  | I feel sad, down, depressed, or hopeless. | 0  | 1  | 2  | 3  |
| 3.  | I feel tired or have little energy.  | 0  | 1  | 2  | 3  |
| 4.  | I have trouble falling or staying asleep or I sleep too much. | 0  | 1  | 2  | 3  |
| 5.  | I have a lack of appetite or I overeat. | 0  | 1  | 2  | 3  |
| 6.  | I feel bad about myself, feel I am a failure, or have let myself or my family down. | 0  | 1  | 2  | 3  |
| 7.  | I have trouble concentrating or focusing on things like conversations, reading, or watching television. | 0  | 1  | 2  | 3  |
| 8.  | I have chronic pain, headaches, etc. that are not due to a known illness. | 0  | 1  | 2  | 3  |
| 9. | I have had or am having thoughts of suicide or I have or want to hurt myself in some way. | 0  | 1  | 2  | 3  |
|  | Add all columns to find total score  |  |  |  |  |

**Interpretation of Total Score**

|  |  |
| --- | --- |
| **Total Score**  | **Depression Severity**  |
| 1 - 4  | Minimal depression  |
| 5 - 9  | [Mild depression](http://www.interiorcounselling.com/docs/depquest.html)  |
| 10 - 14  | Moderate depression  |
| 15 - 19  | Moderately severe depression  |
| 20 - 27  | Severe depression  |

**Disclaimer** The information on this page is provided for informational purposes only and does not replace in any way a formal medical or psychiatric evaluation or suggest a diagnosis. It is designed to give a preliminary idea about the presence of mild to moderate depression symptoms that may indicate the need for an evaluation by a mental health therapist. If you are having thoughts of suicide or want to harm yourself, please seek assistance right away by calling 911 or the National Suicide Prevention Line at 1-800-273-8255.  |

 |

 |

 |
|