

Depression Test

In the past month how true is it that you experienced each symptom or each has been a problem for you?

True (2) Maybe or sometimes true (1) Not true (0)

1. _____ Feeling depressed, empty, sad, or blue
2. _____ Loss of interest, pleasure, or motivation in doing most activities or hobbies
3. _____ Eating too little or too much
4. _____ Trouble falling asleep or staying asleep, or sleeping too much
5. _____ Feeling agitated or restless, like you cannot sit still or need to pace the floor
6. _____ Physically you slow down; talk little, or speak in a low tone
7. _____ Feel fatigued, tired or a loss of energy
8. _____ Feeling worthless, or guilt, or shame
9. _____ Difficulty concentrating, or making decisions
10. _____ Having thoughts about wanting to die or committing suicide
11. _____ Feeling hopeless or helpless

Add up your total score _____

A score of 4 or less, with item 10 marked as 0 is mild depression.

A score of 5 or more with item 10 marked as 0 is depression.

A score of 5 or more with item 10 marked either 1 or 2 is severe depression.