Depression Severity Assessment

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "\" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
 Feeling bad about yourself – or that you are a failure or have let yourself or your family down 	0	1	2	3
 Trouble concentrating on things, such as reading the newspaper or watching television 	0	1	2	3
 Moving or speaking so slowly that other people could han noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usua 	0	1	2	3
 Thoughts that you would be better off dead or of hurting yourself in some way 	0	1	2	3

How to Score Your Self-Assessment

Assign a number to each of your responses as follows:

Not at all:	0
Several days:	1
More than half the days:	2
Nearly every day:	3

As you tally your total for all questions:

Score of 1 to 5 could indicate mild depression Score of 6 to 10 suggests moderate depression Score of 11 to 15 indicates moderately severe depression Score of 16 to 21 is a sign of severe depression

If you scored from 11 to 21, we encourage you to contact us or another behavioral health professional.