

Depression Self-Rating Test

Nearly 20 million Americans experience depression, but many will never seek treatment. The Depression Self-Rating Test is a simple 16-question quiz that can help identify common symptoms of depression and their severity. Remember – depression is more than just feeling down – it is a real medical condition that can be effectively treated.

Please complete the following questionnaire and return it to your healthcare provider.

Name: _____ Date of Birth: _____ Today's Date: _____

Instructions: Please circle the one response to each item that best describes you for the past seven days.

<p>1. Falling asleep:</p> <p>0 I never take longer than 30 minutes to fall asleep.</p> <p>1 I take at least 30 minutes to fall asleep, less than half the time.</p> <p>2 I take more than 60 minutes to fall asleep, more than half the time.</p> <p>2. Sleep during the night:</p> <p>0 I do not wake up at night.</p> <p>1 I have a restless, light sleep with few brief awakenings each night.</p> <p>2 I wake up at least once a night, but I go back to sleep easily.</p> <p>3 I awaken more than once a night and stay awake for 20 minutes or more, more than half the time.</p> <p>3. Waking up too early:</p> <p>0 Most of the time, I awaken no more than 30 minutes before I need to get up.</p> <p>1 More than half the time, I awaken more than 30 minutes before I need to get up.</p> <p>2 I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually.</p> <p>3 I awaken at least one hour before I need to, and can't go back to sleep.</p> <p>4. Sleeping too much:</p> <p>0 I sleep no longer than 7-8 hours/night, without napping during the day.</p> <p>1 I sleep no longer than 10 hours in a 24 hour period including naps.</p> <p>2 I sleep no longer than 12 hours in a 24 hour period including naps.</p> <p>3 I sleep longer than 12 hours in a 24 hour period including naps.</p>	<p>5. Feeling sad:</p> <p>0 I do not feel sad.</p> <p>1 I feel sad less than half of the time.</p> <p>2 I feel sad more than half of the time.</p> <p>3 I feel sad nearly all of the time.</p> <p>6. Decreased appetite:</p> <p>0 There is no change in my usual appetite.</p> <p>1 I eat somewhat less often or lesser amounts of food than usual.</p> <p>2 I eat much less than usual and only with personal effort.</p> <p>3 I rarely eat within a 24 hour period, and only with extreme personal effort or when others persuade me to eat.</p> <p>7. Increased appetite:</p> <p>0 There is no change from my usual appetite.</p> <p>1 I feel a need to eat more frequently than usual.</p> <p>2 I regularly eat more often/and or greater amounts of food than usual.</p> <p>3 I feel driven to overeat both at mealtime and between meals.</p> <p>8. Decreased weight (within the last two weeks):</p> <p>0 I have not had a change in my weight.</p> <p>1 I feel as if I've had a slight weight loss.</p> <p>2 I have lost 2 pounds or more.</p> <p>3 I have lost 5 pounds or more.</p> <p>9. Increased weight (within the last two weeks):</p> <p>0 I have not had a change in my weight.</p> <p>1 I feel as if I've had a slight weight gain.</p> <p>2 I have gained 2 pounds or more.</p> <p>3 I have gained 5 pounds or more.</p>
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Patient Health Questionnaire

Nine-Symptom Checklist

Name: _____ Date: _____

Over the last two weeks, how often have you been bothered by any of the following problems	Not at all	Several Days	More than half of the days	Nearly every day
1) Little or no interest in doing things	0	1	2	3
2) Feeling down, depressed, or hopeless	0	1	2	3
3) Trouble falling or staying asleep 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
6) Feeling bad about yourself – that you are a failure or have let yourself or your family down	0	1	2	3
7) Trouble concentrating on things, such as reading the newspaper or watching the television	0	1	2	3
8) Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9) Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

(For office coding: Total score) _____

If you have experienced any of these problems, how difficult have they 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

Mood Questionnaire

Instructions for patients: Please check
ONE BOX ONLY for each of the questions below

	YES	NO
1) Has there ever been a period of time when you were not your usual self and... ... you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	[]	[]
... you were so irritable that you shouted at people or started fights or arguments?	[]	[]
... you felt so much more self-confident than usual?	[]	[]
... you got much less sleep than usual and found you didn't really miss it?	[]	[]
... you were much more talkative and/or spoke much faster than usual?	[]	[]
... thoughts raced through your head and/or you couldn't slow your mind down?	[]	[]
... you were so easily distracted by things around you that you had trouble concentrating or staying on task?	[]	[]
... you had much more energy than usual?	[]	[]
... you were much more active and/or did many more things than usual?	[]	[]
... you were much more interested in sex than usual?	[]	[]
... you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	[]	[]
... spending money got you or your family into trouble?	[]	[]

2) If you checked YES to more than one of the above, have you experienced several of these during the same period of time? YES or NO

3) How much of a problem did any of these situations cause you (like being unable to work; having family money, or legal problems; and/or getting into serious arguments of fights)?

Not difficult at all Somewhat difficult Very difficult Extremely difficult