

Depression Checklist

Name: _____ **D.O.B.:** _____ **Age:** _____ **Sex:** **M** **F**

Directions: Please rate the frequency or severity of the following items by placing an “x” in appropriate category

	Yes	No
Have you been feeling sad or “down in the dumps?”		
Do feel your future looks bleak or hopeless?		
Do you feel inferior, inadequate to others? Do you experience low self-esteem?		
Do you get extremely self-critical or blame yourself for things?		
Do you have trouble making up your mind about things (indecisiveness)?		
Do you become resentful, easily frustrated, easily irritated, or have low tolerance?		
Have you lost interest in your career, hobbies, family or friends? Have you dropped or discontinued previously enjoyed hobbies or activities?		
Have you lost motivation or do you feel overwhelmed and have to push yourself to complete things?		
Do you have trouble concentrating on things like watching television or reading the newspaper?		
Do you think you’re looking old, unattractive, less popular or useful?		
Has your appetite recently changed? Have you lost or gained weight without dieting?		
Is it hard for you to get to sleep (insomnia) or do you frequently awaken during the night and experience restless sleep?		
Are you excessively tired or find yourself sleeping more than normal?		
Do you worry about physical health or seem to have increased body aches (headaches, backaches, joint pain, upset stomach, bowel problems, etc.)?		
Do you struggle with feelings of guilt or feel that you are the cause of your problems?		
Have you had thoughts that life is not worth living or think that you might be better off dead?		
Have you thought of killing yourself or wish that you would just die?		
Have you thought of ways to kill yourself?		
Have you thought of ways and then planned out how to kill yourself?		