

*Depression*  
*Screening Assessment*

Answer each question honestly. In the box to the left of each question write in, yes, no or sometimes.

1. I often feel sad or blue.
2. I don't find joy in activities that I once enjoyed.
3. My weight and/or appetite has changed.
4. I am having difficulty sleeping or I am sleeping too much.
5. I often feel guilty and worthless.
6. I am having difficulty concentrating, remembering things or making simple decisions.
7. My energy level is low and I often feel fatigue.
8. I see little hope for the future.
9. I have had thoughts of suicide or death.
10. I have been losing interest in my intimate relationships.

Read each question carefully and completely. Answer each question honestly. This screening assessment is for information purposes and not to be used a complete diagnostic tool. Discuss your results with your therapist or Doctor.