

DEPRESSION CHECKLIST

Patient Name: _____

Date: _____

Instructions: Put a check (√) to indicate how much you have experienced each symptom during the past week, including today. Please answer all 25 items.		0 – Not at all	1 – Somewhat	2 – Moderate	3 – A lot	4 – Extremely
Thoughts and Feelings						
1.	Feeling sad or down in the dumps					
2.	Feeling unhappy or blue					
3.	Crying spells or tearfulness					
4.	Feeling discouraged					
5.	Feeling hopeless					
6.	Low self-esteem					
7.	Feeling worthless or inadequate					
8.	Guilt or shame					
9.	Criticizing yourself or blaming others					
10.	Difficulty making decisions					
Activities and Personal Relationships						
11.	Loss of interest in family, friends or colleagues					
12.	Loneliness					
13.	Spending less time with family or friends					
14.	Loss of motivation					
15.	Loss of interest in work or other activities					
16.	Avoiding work or other activities					
17.	Loss of pleasure or satisfaction in life					
18.	Feeling tired					
19.	Difficulty sleeping or sleeping too much					
20.	Decreased or increased appetite					
21.	Loss of interest in sex					
22.	Worrying about your health					
Suicidal Urges						
23.	Do you have any suicidal thoughts?					
24.	Would you like to end your life?					
25.	Do you have a plan for harming yourself?					
Please total your score on Items 1 to 25 here:						