

Title

Depression Assessment

Read each question carefully and completely. Take as much time as you need to reflect on each question. This tool is of no help to you if you refuse to answer each question honestly. Answers are completely confidential. No personal information is requested and your answers are not saved. Remember, if you cheat, you're only cheating yourself.

- Yes No 1. Do you often feel sad or irritable?
- Yes No 2. Have you lost interest in activities you once enjoyed?
- Yes No 3. Have you noticed changes in your weight or appetite?
- Yes No 4. Have your sleeping patterns changed?
- Yes No 5. Do you often have feelings of guilt?
- Yes No 6. Are you unable to concentrate, remember things, or make decisions?
- Yes No 7. Have you experienced fatigue or loss of energy?
- Yes No 8. Have you experienced restlessness or a decrease in activity that has been noticed by others?
- Yes No 9. Do you often feel hopeless and worthless?
- Yes No 10. Have you had thoughts of suicide or death?

Total 'Yes' 0 (out of 10 possible)