

4) DEPRESSION CHECKLIST

(This check list is a measure of the level of depression, if any, that you are currently experiencing. If your score falls within the depressed range, please seek help from your healthcare professional.)

Read each statement carefully and choose the answer that best reflects how you have been feeling over the last few days. Write the number on the blank that is associated with the answer you choose.

No, not at all	No, not much	Yes, sometimes	Yes, definitely
0	1	2	3

1. I am sad and miserable. ____
2. It is difficult to do things I used to do. ____
3. I can't stop thinking of things that make me feel frightened or panicky. ____
4. I am on the verge of tears or cry for no reason. ____
5. I can't find pleasure in things I used to look forward to. ____
6. My insides are churning. ____
7. I have a hard time falling asleep without medication. ____
8. I have a hard time making simple decisions. ____
9. I have no interest in things I used to like to do. ____
10. I feel tired. ____
11. I am irritable. ____
12. I wake up early in the morning and cannot go back to sleep. ____

Add the numbers after each statement.

If your score falls within:

- | | |
|-------|---------------------------|
| 1–10 | Normal |
| 11–14 | Normal Life Mood |
| 15–20 | Headed Towards Depression |
| 21–25 | Mild Depression |
| 26–30 | Moderate Depression |
| 31+ | Severe Depression |

If your score falls within the mild, moderate, or severe range, please seek help from your healthcare professional.