

# Depression Assessment

These assessments will help you and your provider gain a better understanding of your symptoms, monitor your progress, and make informed adjustments to your treatment.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

2. Feeling down, depressed, or hopeless?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

3. Trouble falling or staying asleep, or sleeping too much?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

4. Feeling tired or having little energy?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

5. Poor appetite or overeating?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

7. Trouble concentrating on things, such as reading the news or watching television?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

8. Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

9. Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day



If you have an emergency and require immediate help, dial 988 for the Suicide and Crisis Lifeline National Helpline, or dial 911.