



**DEPRESSION SCREENING QUESTIONNAIRE**

*Over the last 2 weeks, how often has the patient been bothered by any of the following problems?*

Circle the answer	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling/staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about self, or being a failure, or have let self or family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless	0	1	2	3
Thoughts of being better off dead or of hurting self in some way.	0	1	2	3

Add columns:

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TOTAL SCORE =

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**What your score means:**

0-4 No depression

5-9 Mild depression

10-14 Moderate depression

15-19 Moderately severe depression

20+ Severe depression