

Depression Screening Test

Disclaimer:

This is a preliminary screening test for depressive symptoms that does not replace in any way a formal psychiatric evaluation. It is designed to give a preliminary idea about the presence of mild to moderate depressive symptoms that indicate the need for an evaluation by a psychiatrist.

FOR MORE THAN TWO WEEKS:

1. Do you feel sad, blue, unhappy or "down in the dumps"?

- A. Never
- B. Rarely
- C. Sometimes
- D. Very Often
- E. Most of the time

2. Do you feel tired, having little energy, unable to concentrate?

- A. Never
- B. Rarely
- C. Sometimes
- D. Very Often
- E. Most of the time

3. Do you feel uneasy, restless or irritable?

- A. Never
- B. Rarely
- C. Sometimes
- D. Very Often
- E. Most of the time

4. Do you have trouble sleeping or eating (too little or too much)?

- A. Never
- B. Rarely
- C. Sometimes
- D. Very Often

E. Most of the time

5. Do you feel that you are not enjoying the activities that you used to?

A. Never

B. Rarely

C. Sometimes

D. Very Often

E. Most of the time

6. Do you feel that you lost interest in sex or experiencing sexual difficulties?

A. Never

B. Rarely

C. Sometimes

D. Very Often

E. Most of the time

7. Do you feel that it takes you longer than before to make decisions or unable to concentrate?

A. Never

B. Rarely

C. Sometimes

D. Very Often

E. Most of the time

8. Do you feel inadequate, like a failure or that nobody likes you anymore?

A. Never

B. Rarely

C. Sometimes

D. Very Often

E. Most of the time

9. Do you feel guilty without a rational reason, or put yourself down?

A. Never

B. Rarely

C. Sometimes

- D. Very Often
- E. Most of the time

10. Do you feel that things always go or will go wrong no matter how hard you try?

- A. Never
- B. Rarely
- C. Sometimes
- D. Very Often
- E. Most of the time

If you have check more than 3 times C, D, and E's. Your answers reflect the presence of depressive symptoms. It is advised to seek a psychiatric consultation,