

Name _____

Date _____

DEPRESSION SPECTRUM-1

Please answer these questions based on whether you have experienced any of these symptoms over the preceding week.

Never = 0, Occasionally = 1, Moderately = 2
and Almost all of the time = 3

	Never	Occasionally	Moderately	Almost all the time
1. I feel empty, sad or hopeless	0	1	2	3
2. I just don't feel like doing things I used to do or I don't get pleasure out of doing them	0	1	2	3
3. My appetite or eating habits are different compared to what they normally are (circle which : are you more or less hungry than usual? Are you eating more or less or both? Have you gained or lost weight?)	0	1	2	3
4. My sleeping patterns are different compared to what they normally are (circle which : are you sleeping more or less?)	0	1	2	3
5. I feel fatigued, depleted or lacking in energy compared to how I normally feel	0	1	2	3
6. I have more difficulty concentrating and/or more difficulty making decisions than I normally do	0	1	2	3
7. I feel either restless and agitated or noticeably slower in my movement speeds compared to normal (circle which) (Has anyone else noticed this about you?)	0	1	2	3
8. I feel worthless or excessively guilty (circle which)	0	1	2	3
9. I don't see the value in me being alive or I think about killing myself or I intend to kill myself or I have a plan to kill myself	0	1	2	3

GENERAL DEPRESSION SUBSCORE : _____

10. I feel like I lack any kind of motivation	0	1	2	3
11. I am unable to take action to do the things I need to do	0	1	2	3
12. I feel like no matter what I do it doesn't seem to matter	0	1	2	3
13. I feel like my life lacks a sense of purpose	0	1	2	3
14. I am socially isolating myself from people who care about me	0	1	2	3
15. It is hard for me to tell others how I feel	0	1	2	3
16. I feel like I am letting other people down	0	1	2	3

TOTAL SCORE _____

On a scale of 0 – 10, how difficult do these symptoms make your life (0 easiest to 10 hardest)? _____