

DEPRESSION QUESTIONNAIRE:

NAME:.....

MRN:.....

Answer the following questions at least one of these, most days, most of the time for at least 2 weeks during the past month:

- 1- Persistent sadness or low mood
- 2- Loss of interests or pleasure
- 3- Fatigue or low energy

If you answered Yes on the above questions, Answer on the following questions:

- 4- disturbed sleep
- 5- poor concentration or indecisiveness
- 6- low self-confidence
- 7- poor or increased appetite
- 8- suicidal thoughts or acts
- 9- agitation or slowing of movements
- 10- guilt or self-blame

***INTERPRETATION:**

NOT DEPRESSED (FEWER THAN FOUR SYMPTOMS)

MILD DEPRESSION (FOUR SYMPTOMS)

MODERATE DEPRESSION (FIVE TO SIX SYMPTOMS)

SEVERE DEPRESSION (SEVEN OR MORE SYMPTOMS)