

Patient Name:

Date of Visit:

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

	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 asleep, 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 yourself - or that you're a failure or have let yourself or your 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 that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals

+ +

TOTAL

**If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?**

- Not difficult at all     
  Somewhat difficult     
  Very difficult     
  Extremely difficult

**Total Score**

**Depression Severity**

**Total Score**

**Depression Severity**

1-4

Minimal depression

15-19

Moderately severe depression

5-9

Mild depression

20-27

Severe depression

10-14

Moderate depression