

Depression Symptoms

Use this form to evaluate your level of depression.

Your name: _____

Date: _____

How true was this for you lately? Rate 0 - 10	Frequency	Intensity	Duration	Total
Worry (without reasonable cause)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Futility; feelings of uselessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad mood (for no reason, over little things)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of hopelessness or pessimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of helplessness or despair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilty feelings (for no reason)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling on the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability (angry even over little things)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conviction that your endeavors are meaningless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to concentrate, make decisions, study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling angry, sullen, bitter, resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased thought processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypochondria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of dread and fear of dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in weight during past two months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue, low level of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep disturbance, insomnia, early awakenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion, memory lapses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in sex drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crying spells, or feeling like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apathy, loss of motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of interest in favorite things and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How true was this for you lately? Rate 0 - 10	Frequency	Intensity	Duration	Total
Poor grooming, sloppy appearance, unkempt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Withdrawal, feeling isolated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loss of sense of humor, difficulty in laughing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Introspection and introversion, self-centered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inferiority feelings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feeling unloved, unwanted, unappreciated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feeling worthless	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Depersonalization (leaving your body)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lack of warm feelings, emotions, or interests	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fear of rejection & desire to be close	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinging behavior	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Defensiveness, denial, displacement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paranoid, afraid people are mad at you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Masochism (seeking painful experiences)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Headaches	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Back pain	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indigestion, constipation, or heartburn	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other aches and pains	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suicidal thoughts or escape fantasies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cutting on or hurting yourself	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A plan to commit suicide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
An attempt to commit suicide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total factors selected: <input type="text"/> out of 45	Total score:			<input type="text"/>

(the on-line form can 'do the math' for you at www.DrRaySmith.com/crisis/depression.php)