

# Depression Symptom Checklist

Date...../...../.....

Symptoms	Over the past week how much of the time have you experienced distress in relation to the symptom? Mark none if you were not aware of any symptoms.			
	None (0)	Some (1)	A good deal (2)	Most (3)
Low mood	None (0)	Some (1)	A good deal (2)	Most (3)
Lacking in energy	None (0)	Some (1)	A good deal (2)	Most (3)
Lack of pleasure or interest in activities	None (0)	Some (1)	A good deal (2)	Most (3)
Poor concentration or ability to make decisions	None (0)	Some (1)	A good deal (2)	Most (3)
Lack of appetite or eating too much	None (0)	Some (1)	A good deal (2)	Most (3)
Thoughts of suicide	None (0)	Some (1)	A good deal (2)	Most (3)
Poor sleep or excessive sleep	None (0)	Some (1)	A good deal (2)	Most (3)
Feeling slowed down	None (0)	Some (1)	A good deal (2)	Most (3)
Loss of sexual interest	None (0)	Some (1)	A good deal (2)	Most (3)
Feelings of worthlessness	None (0)	Some (1)	A good deal (2)	Most (3)
Feelings of not being able to function	None (0)	Some (1)	A good deal (2)	Most (3)
Feelings of hopelessness	None (0)	Some (1)	A good deal (2)	Most (3)
Body aching	None (0)	Some (1)	A good deal (2)	Most (3)

Add scores to obtain total Total score =