

Depression Screening Test

Personal Information (Optional):

Name: _____ Date: _____

Age: _____ Gender: _____ Email/Phone (if comfortable sharing): _____

Symptoms and Triggers:

Please briefly describe your current symptoms and any specific triggers or life events that may have contributed to your feelings. This information can be helpful when seeking professional help.

Symptoms (e.g., persistent sadness, changes in sleep or appetite, etc.):

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Triggers or Life Events (e.g., recent loss, major life changes, etc.):

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Reason for Taking the Test:

Please briefly explain why you are taking this depression screening test. For example, are you concerned about your mental health, or are you taking it on behalf of someone else? This information can provide context for your results.

Reason for Taking the Test:

Depression Screening Questions:

Please answer the following questions with either "Yes" or "No" based on your experiences over the past two weeks.

1. Have you experienced a significant decrease in your ability to enjoy things or activities you once found pleasurable?

Yes

No

2. Do you often feel guilty, unworthy, or excessively self-critical, even without apparent reason?
- Yes
- No
3. Have you noticed a change in your energy levels, feeling consistently fatigued or having low energy?
- Yes
- No
4. Do you have trouble falling asleep, staying asleep, or experiencing oversleeping?
- Yes
- No
5. Have you had difficulty concentrating on tasks, making decisions, or remembering things?
- Yes
- No
6. Are you irritable or prone to mood swings more often than usual?
- Yes
- No
7. Have you lost or gained significant weight without trying to do so?
- Yes
- No
8. Do you frequently have thoughts of death or suicide, or have you engaged in self-harming behaviors?
- Yes
- No
9. Are you avoiding social interactions and withdrawing from friends and family?
- Yes
- No
10. Have you experienced physical symptoms like headaches, stomachaches, or unexplained aches and pains?
- Yes
- No

Scoring:

- Count the number of "Yes" responses.

Score: _____

Interpretation:

- 0-3 "Yes" responses: You may not be currently experiencing significant depressive symptoms.
- 4-7 "Yes" responses: You may be experiencing mild to moderate depressive symptoms. Consider seeking support from a mental health professional or a trusted person.
- Eight or more "Yes" responses: You may be experiencing significant depressive symptoms. It is highly recommended to seek professional help from a mental health provider immediately.