

# Depression Self Assessment

Name: \_\_\_\_\_ Eliza Bennett \_\_\_\_\_ Age: \_\_\_\_\_ 26 \_\_\_\_\_

**Instructions:** Please read each statement and select the option that best describes your experience over the past two weeks, according to the scale below:

0 = Not at all, 1 = Several days, 2 = More than half the days, 3 = Nearly every day

## 1. Little interest or pleasure in doing things

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

## 2. Feeling down, depressed, or hopeless

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

## 3. Trouble falling or staying asleep, or sleeping too much

<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

## 4. Feeling tired or having little energy

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

## 5. Poor appetite or overeating

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

6. Feeling bad about yourself or feeling that you are a failure or have let yourself or your family down

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

8. 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

<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

9. Thoughts that you would be better off dead, or of hurting yourself

<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

10. If you checked off any problems, how difficult have these problems made it for you at work, home, or with other people?

<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.	1.	2.	3.
Not at all	Several days	More than half the days	Nearly every day

Total: 16 / 27

### Interpretation and Assessment

Get your total score. Scores fall into different classifications:

**1-4:** Minimal depression

**5-9:** Mild depression

**10-14:** Moderate depression

**15-19:** Moderately severe depression

**20-27:** Severe depression

### Additional Notes

I have moderately severe depression. This is not surprising, given what I went through in childhood. I don't know how to react to this. I feel empty.