

High-Functioning Depression Test

Name: _____ Nat Jackson _____ Age: _____ 30 _____

Instructions: Please read each statement and check the box 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. I feel tired or have 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

2. I feel hopeless or pessimistic about the future.

<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

3. I struggle with feelings of worthlessness or excessive guilt.

<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

4. I have difficulty concentrating or making decisions.

<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. I have little interest or pleasure in doing things I used to enjoy.

<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. I experience changes in my sleeping patterns (too much or too little).

<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

7. I have changes in my appetite or weight (increase or decrease).

<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

8. I feel restless or have trouble sitting still.

<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

9. I have thoughts of death or self-harm.

<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

10. Even when I accomplish something, I feel unfulfilled or unsatisfied.

<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

Total: 24 / 27

Interpretation and Assessment

Get your total score. Scores fall into different classifications:

0-9: Minimal or no symptoms

10-14: Mild symptoms

15-21: Moderate symptoms

22-30: Severe symptoms

Note: *This test is a self-report tool and not a definitive diagnosis of high-functioning depression. It is intended to be used by a mental health professional to assist in assessment and guide further evaluation.*

Additional Notes

None.