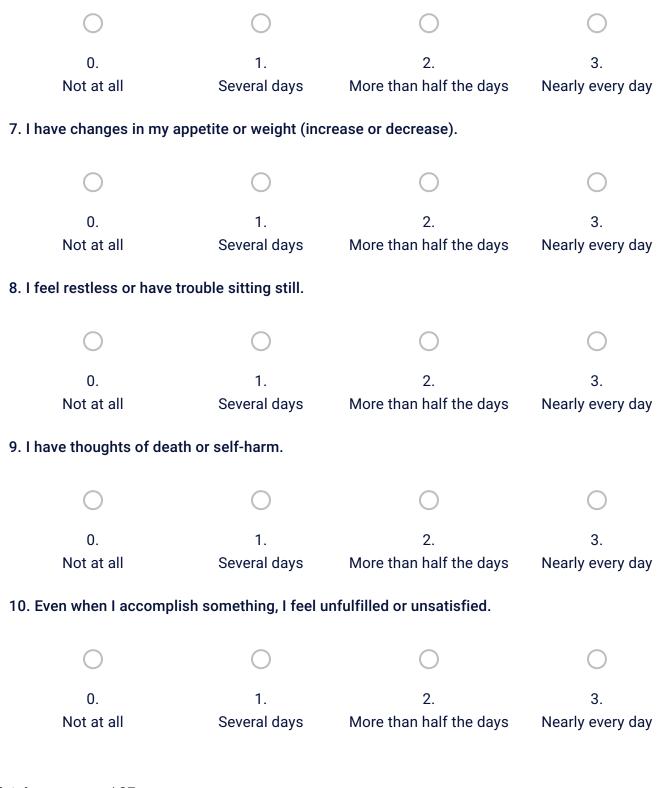
## **High-Functioning Depression Test**

Name: Age: 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. 1. 2. 3. 0. Not at all Several days More than half the days Nearly every day 2. I feel hopeless or pessimistic about the future. 0. 2. 1. 3. More than half the days Not at all Several days Nearly every day 3. I struggle with feelings of worthlessness or excessive guilt. 0. 1. 2. 3. Several days More than half the days Nearly every day Not at all 4. I have difficulty concentrating or making decisions. 0. 1. 2. 3. More than half the days Not at all Several days Nearly every day 5. I have little interest or pleasure in doing things I used to enjoy. 2. 0. 1. 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).



Total: \_\_\_\_\_ / 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**