

Seasonal Affective Disorder Test

Name:		Age:		Date:	
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This test is designed to help assess the presence and severity of symptoms associated with Seasonal Affective Disorder (SAD), particularly during the fall and winter months when sunlight is reduced and the days are colder. Please answer the following questions based on your experiences, particularly during the fall and winter months when sunlight is reduced. Rate each statement based on the scale below:

1 = Never | 2 = Rarely | 3 = Sometimes | 4 = Often | 5 = Always

Statements	1	2	3	4	5
I feel depressed or hopeless when it is cold and dark outside.					
During fall and winter, I lose interest in activities I usually enjoy.					
My appetite changes, and I crave more or eat significantly less when the days are colder and shorter.					
I tend to sleep more or have trouble sleeping when it's darker outside.					
I feel fatigued or lacking in energy during fall or winter months.					
I feel worthless or guilty for no apparent reason during the colder, darker months.					
I have difficulty concentrating or making decisions when the weather is cold and dark.					
I feel irritable or agitated more often during the fall and winter.					
I feel anxious or worried when the seasons change to fall and winter.					
I withdraw from social activities and prefer to be alone during the fall and winter.					
I notice a pattern in my mood changes that correlates with the transition to fall and winter.					
Total					

Interpretation of Results

The total score can provide an indication of the severity of seasonal affective disorder

- 11-22: Unaffected by SAD. Your responses indicate minimal symptoms of Seasonal Affective Disorder.
- 23-33: Mild SAD. You may experience some symptoms of Seasonal Affective Disorder, but they are not likely to significantly impact your daily life.
- 34-44: Moderate SAD. Your responses suggest moderate symptoms of Seasonal Affective Disorder, which may be affecting your daily life.
- 45-55: Severe SAD. Your responses indicate severe symptoms of Seasonal Affective Disorder, and you may benefit from seeking professional help.

Reflection

Please share any thoughts, feelings, or experiences that arose while completing this test. Are there areas where you'd like to explore or discuss further?

Healthcare Professional's Additional Notes and Recommendations

Please provide any observations, potential areas for discussion, or recommendations for further exploration based on the patient's responses.

Healthcare Professional's Name and Signature

License Number