



Depression self-assessment

Over the past 2 weeks have you been bothered by any of the following problems? Circle the number that best fits your answer, then add the numbers circled in each column to achieve a total score ranging from 0 to 27 for the nine items.

| | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1) Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2) Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3) Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4) Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5) Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6) Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7) Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 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 | 0 | 1 | 2 | 3 |
| 9) Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

 0 + + +

TOTAL:

If you scored 10 or higher or you have thoughts of harming yourself, speak with your Care Management nurse and your health care provider to discuss how changes to your lifestyle habits and/or treatment can help. If you scored below 10, celebrate your progress and continue doing those things that have helped you to feel well and enjoy life.

If you circled any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult



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