

*Note: This questionnaire is for informational purposes only and is not intended to function as a psychological or psychiatric assessment. Diagnosis of psychiatric disorders requires a careful evaluation by a trained professional.*

**Please complete this form and show it to your doctor or other healthcare professional.**

### **Do you have Depression?**

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|--|------------|-----------|
| 1. Have you been feeling down, blue, sad, empty, or depressed most of the day, nearly everyday, for at least two weeks?  | <b>YES</b> | <b>NO</b> |
| 2. Have you been much less interested in almost all of your usual activities or unable to enjoy your usual activities most of the day, nearly everyday, for at least two weeks?              | <b>YES</b> | <b>NO</b> |
| 3. Have you had any unexplained changes (e.g. not due to purposeful dieting) to your appetite (eating much less or much more) or weight (weight gain or weight loss) over a two-week period? | <b>YES</b> | <b>NO</b> |
| 4. Have you been having trouble sleeping or sleeping too much almost everyday for at least two weeks?  | <b>YES</b> | <b>NO</b> |
| 5. Have other people said to you that you seem jittery/fidgety, agitated, or unable to sit still recently?   | <b>YES</b> | <b>NO</b> |
| 6. Have other people said to you that seem very slowed down recently (e.g. it seems hard for your to move or carry on a conversation)?   | <b>YES</b> | <b>NO</b> |
| 7. Have you been feeling very tired, fatigued, or easily exhausted almost everyday for the past two weeks?   | <b>YES</b> | <b>NO</b> |
| 8. Have you been feeling worthless or very guilty almost every day for the past two weeks?   | <b>YES</b> | <b>NO</b> |
| 9. Have you been having trouble concentrating, paying attention, or making decisions nearly everyday for the past two weeks?   | <b>YES</b> | <b>NO</b> |
| 10. Have you been having thoughts about suicide or killing yourself over the past two weeks?   | <b>YES</b> | <b>NO</b> |
| 11. Do these symptoms cause you a great deal of distress or cause significant impairment in your social life, work, or other important areas of functioning?                                 | <b>YES</b> | <b>NO</b> |

You might have Depression if all of the following are true:

You answered YES to either question 1 or 2

You answered YES to at least 5 of questions 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10

You answered YES to question 11

**To get help for this condition or to receive a comprehensive assessment, please call The Institute of Living's Anxiety Disorders Center at (860) 545-7685.**

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