

Name:

## DEPRESSION INVENTORY

Using the scale below please rate each item to show how much it has been a problem for you during the past two weeks:

0-not a problem      1-occasionally a problem      2-often a problem      3-definitely a problem

Date \_\_\_\_      Date \_\_\_\_      Date \_\_\_\_      Date \_\_\_\_

- |  |       |       |       |       |
|--|-------|-------|-------|-------|
| 1. Sad or depressed mood                       | _____ | _____ | _____ | _____ |
| 2. Crying spells                               | _____ | _____ | _____ | _____ |
| 3. Anxious/nervous/worried                     | _____ | _____ | _____ | _____ |
| 4. Irritable/easily angered                    | _____ | _____ | _____ | _____ |
| 5. Self-critical/decreased self-esteem         | _____ | _____ | _____ | _____ |
| 6. Decrease in interests/loss of pleasure      | _____ | _____ | _____ | _____ |
| 7. Social isolation/withdrawal                 | _____ | _____ | _____ | _____ |
| 8. Insomnia/difficulty sleeping                | _____ | _____ | _____ | _____ |
| 9. Tired/fatigued                              | _____ | _____ | _____ | _____ |
| 10. Difficulty concentrating/easily distracted | _____ | _____ | _____ | _____ |
| 11. Decreased memory/forgetful                 | _____ | _____ | _____ | _____ |
| 12. Difficulty making decisions                | _____ | _____ | _____ | _____ |
| 13. Decreased motivation/drive                 | _____ | _____ | _____ | _____ |
| 14. Decreased sex drive/libido                 | _____ | _____ | _____ | _____ |
| 15. Suicidal thoughts                          | _____ | _____ | _____ | _____ |
| <b>TOTAL:</b>                                  | _____ | _____ | _____ | _____ |