Are you at risk for depression? Take the assessment to find out.

| Over the last 2 weeks, how often have you been bothered by any of the following problems? | Not at all | Several days | More than half the days | Nearly every day |
|--|-------------|-----------------|-------------------------------|---------------------|
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| Poor appetite or overeating | 0 | 1 | 2 | 3 |
| Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 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 |
| Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |
| Co | lumn Totals | | | |

Symptom Severity Table

| Score | Depression Severity | |
|-------|------------------------------|--|
| 0 | No Symptoms | |
| 1-4 | Minimal Depression | |
| 5-9 | Mild Depression | |
| 10-14 | Moderate Depression | |
| 15-19 | Moderately Severe Depression | |
| ≥20 | Severe Depression | |

Total Score (Add your column totals)

This assessment is not intended to provide a medical diagnosis. It is designed to help you better understand the potential severity of your symptoms, so that you can have an informed discussion with your healthcare provider. Please consult your doctor for professional medical advice and treatment.

Sources:

HealthAdvocate.com/members

American Psychological Association
https://tinyurl.com/yxsb33mv

National Institutes of Health
https://tinyurl.com/9nnrs47j

