

# Depression Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The following list of symptoms will help us determine your level of depression. Please indicate the frequency of each listed symptom.

Symptom	Never	Seldom	Sometimes	Often	Always
I feel sad.					
I am pessimistic or negative.					
I feel hopeless or helpless.					
I feel that I am "slowed down"					
I accomplish as much as I have in the past.					
I am having problems with getting to sleep or staying asleep.					
I am sleeping more than 8 hours daily.					
My focus/concentration is less than I would desire.					
I have thoughts of hurting myself.					
I have feelings of worthlessness					
I have negative thoughts about myself.					
I no longer like my life but can't seem to be able to change it.					
I am tired.					
My appetite has increased or decreased.					
I do not enjoy activities that I use to enjoy.					
I have headaches.					
I am experiencing muscle pain that is not related to excessive use/exercise.					
I feel "stressed out".					
I have recently gained/lost weight.					
I have episodes of tearfulness or crying.					

This questionnaire is designed to help you and your therapist better understand your experiences. It is not designed for diagnosis. For a correct diagnosis, you must seek professional help from a licensed mental health professional.