## **Depression Screening Test**

## For more than two weeks:

1.	Do you feel sad, blue, unhappy or "down in the dumps"?	☐ YES	□ NO
2.	Do you feel tired, having little energy, unable to concentrate?	☐ YES	□ NO
3.	Do you feel uneasy, restless, or irritable?	☐ YES	□ NO
4.	Do you have trouble sleeping or eating (too little or too much)	☐ YES	□ NO
5.	Do you feel that you are not enjoying the activities that you used to?	☐ YES	□ NO
6.	Do you feel that you lost interest in sex or experiencing sexual difficu	lties? □ YES	□ NO
7.	Do you feel that it takes you longer than before to make decisions or	unable to cond	entrate?
8.	Do you feel inadequate, like a failure or that nobody likes you anymore	re? □ YES	□ NO
9.	Do you feel guilty without a rational reason, or put yourself down?	☐ YES	□ NO
10.	Do you feel that things always go or will go wrong no matter how har	d you try? ☐ YES	□ NO

**Scoring Instructions:** If you answered "YES" to 3 or more questions, and you have had these symptoms for at least two weeks, you may benefit from a screening interview with Dr. Sadock.

**DISCLAIMER:** this online Depression Screening Test is a preliminary screening test for depressive symptoms that does not replace in any way a formal psychiatric evaluation. It is designed to give a preliminary idea about the presence of mild to moderate depressive symptoms that indicate the need for an evaluation by a psychiatrist.

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