

## Depression Checklist

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Biological Functioning

#### A. Sleep Problems

- |  |                            |
|--|----------------------------|
| 1. No sleep problems   | <input type="checkbox"/> 0 |
| 2. Occasional sleep problems                                       | <input type="checkbox"/> 1 |
| 3. Frequent awakenings during the night or early morning awakening |                            |
| a. 1-3 nights during last week                                     | <input type="checkbox"/> 2 |
| b. 4+ nights during last week                                      | <input type="checkbox"/> 3 |

#### B. Appetite Problems

- |   |                            |
|---|----------------------------|
| 1. No changes in appetite   | <input type="checkbox"/> 0 |
| 2. Some appetite change (up or down) but no weight gain or loss                                       | <input type="checkbox"/> 1 |
| 3. Significant appetite change (up or down) with weight gain or loss (5lbs. + or - during past month) | <input type="checkbox"/> 3 |

#### C. Fatigue

- |  |                            |
|--|----------------------------|
| 1. Little or no noticeable daytime fatigue | <input type="checkbox"/> 0 |
| 2. Fatigued or exhausted during the day    |                            |
| a. Occasionally                            | <input type="checkbox"/> 1 |
| b. 1-3 days during the last week           | <input type="checkbox"/> 2 |
| c. 4+ days during the last week            | <input type="checkbox"/> 3 |

#### D. Sex Drive

- |                           |                            |
|---------------------------|----------------------------|
| 1. No change in sex drive | <input type="checkbox"/> 0 |
| 2. Decrease in sex drive  |                            |
| a. Slight                 | <input type="checkbox"/> 1 |
| b. Moderate               | <input type="checkbox"/> 2 |
| c. No sex drive           | <input type="checkbox"/> 3 |

#### E. Anhedonia (decreased capacity to experience joy)

- |   |                            |
|---|----------------------------|
| 1. Despite times of sadness, I am able to have times of enjoyment or pleasure | <input type="checkbox"/> 0 |
| 2. Decreased ability to enjoy life  |                            |
| a. Slight   | <input type="checkbox"/> 1 |
| b. Moderate   | <input type="checkbox"/> 2 |
| c. Absolutely no joy in life  | <input type="checkbox"/> 3 |

Total Score, Biological Functioning \_\_\_\_\_

*Note: Scores of 2 or 3 on any of the above items suggest that biological functioning has likely been affected by the depression, and anti-depressant medication treatment may be indicated (especially if any scores of 3 are present). If all scores are 0 or 1, antidepressant medications probably are not indicated.*

**A. Sadness and Despair**

- 1. No pronounced sadness  0
  - 2. Occasional sadness  1
  - 3. Times of intense sadness  2
  - 4. Intense sadness almost every day  3
- 

**B. Self-esteem**

- 1. I feel confident and good about myself  0
  - 2. I sometimes doubt myself  1
  - 3. I often feel inadequate, inferior or lacking in self-confidence  2
  - 4. I feel completely worthless most of the time  3
- 

**C. Apathy and Motivation**

- 1. It is easy to feel motivated and enthusiastic about things  0
  - 2. I occasionally find it hard to "get started" on projects, work, etc.  1
  - 3. I often feel unmotivated or apathetic  2
  - 4. It is almost impossible to "get started" with projects, work, etc.  3
- 

**D. Negative Thinking/Pessimism**

- 1. I think in relatively positive ways about my life and my future  0
  - 2. I occasionally feel pessimistic  1
  - 3. I often feel pessimistic  2
  - 4. The world seems extremely negative to me and the future looks hopeless  3
- 

**E. Emotional Control**

- 1. When I feel unpleasant feelings, such emotions may hurt, but I do not feel totally overwhelmed  0
  - 2. I occasionally feel overwhelmed by inner emotions  1
  - 3. I often feel extremely overwhelmed by inner feelings or I feel absolutely no inner feelings  3
- 

**F. Irritability and Frustration**

- 1. I do not experience undue irritability and frustration  0
- 2. I occasionally feel quite irritable and frustrated  1
- 3. I often feel quite irritable and become easily frustrated
  - a. 1-3 days during the last week  2
  - b. 4+ days during the last week  3

**Total Score, Emotional/Psychological Symptoms** \_\_\_\_\_

**Total score: Biological** \_\_\_\_\_ **+ Emotional** \_\_\_\_\_ **=** \_\_\_\_\_

*Developed by John Preston, PsyD*

*Feel free to make copies of this form.*