### **Depression Self-Rating Test**

Nearly 20 million Americans experience depression but many will never seek treatment. The Depression Self-Rating Test is a simple 16-question quiz that can help identify common symptoms of depression and their severity. Remember—depression is more than just feeling down—it is a real medical condition that can be effectively treated.

Please complete the following questionnaire and return it to your healthcare provider.

Name:	Date of Birth:	Today's Date	
<b>Instructions</b> : Please <b>circle</b> the one r	response to each item that best	describes you for the past seven d	ays.

### 1. Falling asleep:

- 0 I never take longer than 30 minutes to fall asleep.
- I take at least 30 minutes to fall asleep, less than half the time.
- 2 I take at least 30 minutes to fall asleep, more than half the time.
- 3 I take more than 60 minutes to fall asleep, more than half the time.

### 2. Sleep during the night:

- 0 I do not wake up at night.
- 1 I have a restless, light sleep with a few brief awakenings each night.
- 2 I wake up at least once a night, but I go back to sleep easily
- 3 I awaken more than once a night and stay awake for 20 minutes or more, more than half the time.

### 3. Waking up too early:

- 0 Most of the time, I awaken no more than 30 minutes before I need to get up.
- 1 More than half the time, I awaken more than 30 minutes before I need to get up.
- 2 I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually
- 3 I awaken at least one hour before I need to, and can't go back to sleep.

#### 4. Sleeping too much:

- 0 I sleep no longer than 7-8 hours/night, without napping during the day.
- I sleep no longer than 10 hours in a 24-hour period including naps.
- 2 I sleep no longer than 12 hours in a 24-hour period including naps.
- 3 I sleep longer than 12 hours in a 24-hour period including naps.

### 5. Feeling sad:

- 0 I do not feel sad.
- 1 I feel sad less than half the time.
- 2 I feel sad more than half the time.
- 3 I feel sad nearly all of the time.

### 6. Decreased appetite:

- 0 There is no change in my usual appetite.
- 1 I eat somewhat less often or lesser amounts of food than usual.
- 2 I eat much less than usual and only with personal effort
- 3 I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat

### 7. Increased appetite:

- 0 There is no change from my usual appetite.
- 1 I feel a need to eat more frequently than usual.
- 2 I regularly eat more often and/or greater amounts of food than usual.
- 3 I feel driven to overeat both at mealtime and between meals.

### 8. Decreased weight (within the last two weeks):

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight loss.
- 2 I have lost 2 pounds or more.
- 3 I have lost 5 pounds or more.

## 9. Increased weight (within the last two weeks):

- 0 I have not had a change in my weight
- 1 feel as if I've had a slight weight gain.
- 2 I have gained 2 pounds or more.
- 3 I have gained 5 pounds or more.

### 10. Concentration/Decision making:

- O There is no change in my usual capacity To concentrate or make decisions.
- 1 I occasionally feel indecisive or find that my. attention wanders.
- 2 Most of the time, I struggle to focus my attention or to make decisions.
- 3 I cannot concentrate well enough to read or cannot make even minor decisions

### 11. View of myself:

- O I see myself as equally worthwhile and deserving as other people
- 1 I am more self-blaming than usual.
- 2 I largely believe that I cause problems for others
- 3 I think almost constantly about major and minor defects in myself

### 12. Thoughts of death or suicide:

- 0 I do not think of suicide or death,
- 1 I feel that life is empty or wonder if it's worth living.
- 2 I think of suicide or death several times a week for several minutes.
- 3 I think of suicide or death several times a day in some detail, or I have made specific plans for suicide or have actually tried to take my life

#### 13. General interest:

- 0 There is no change from usual in how interested I am in other people or activities.
- 1 notice that I am less interested in people or activities.

- 2 I find I have interest in only one or two of my formerly pursued activities.
- 3 I have virtually no interest in formerly pursued activities

### 14. Energy level:

- 0 There is no change in my usual level of energy.
- 1 I get tired more easily than usual.
- 2 I have to make a big effort to start or finish my usual daily activities (for example: shopping homework, cooking, or going to work).
- 3 I really cannot carry out most of my usual daily activities because I just don't have the energy.

### I 5. Feeling slowed down:

- 0 I think, speak, and move at my usual rate of speed
- 1 I find that my thinking is slowed down or my voice sounds dull or flat
- 2 It takes me several seconds to respond to most questions, and I'm sure my thinking is slowed.
- 3 I am often unable to respond to questions without extreme effort

### 16. Feeling restless:

- 0 I do not feel restless.
- 1 I'm often fidgety, wringing my hands, or need to shift how I am sitting.
- 2 I have impulses to move about and am quite restless.
- 3 At times, I am unable to stay seated and need to pace around.

# This section is to be completed by your doctor. To Score:

Enter the highest score on any I of the 4 sleep items (1—4)	
Item 5	
Enter the highest score on any I appetite/weight item (6—9)	
Item 10	
Item 11	
Item 12	
Item 13	
Item 14	
Enter the highest score on either of the 2 psychomotor items (I5 and 16)	
TOTAL SCORE (Range 0—27)	

Scoring Criteria: Normal 0-5 Mild 6-10 Moderate 11-I5 Severe 16-20 Very Severe 21+