

Major (ICD-10) Depression Inventory

The following questions ask about how you have been feeling over the last two weeks. Please put a

tick in the box which is closest to how you have been feeling. How much of the time ... All the Most of Slightly Slightly Some of At no time time the time more than less than the time half the half the time time 1 Have you felt low in spirits or sad? 2 Have you lost interest in your daily activities? Have you felt lacking in energy and 3 strength? 4 Have you felt less self-confident? Have you had a bad conscience or 5 feelings of guilt? Have you felt that life wasn't worth 6 living? Have you had difficulty in concentrating, e.g. when reading the newspaper or watching Have you felt very restless? 8a Have you felt subdued or slowed **8b** down? Have you had trouble sleeping at 9 night? Have you suffered from reduced 10a appetite? Have you suffered from increased 10b appetite?

Date:____