NAME:

DATE: / /

OVER THE LAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
SCORE				

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

TOTAL SCORE:

PREVIOUS SCORE:

PREVIOUS DATE: / /

DURING THE PAST 7 DAYS, HOW OFTEN DID YOU...	Never in the past 7 days	Rarely (once or twice)	Sometimes (3 to 5 times)	Often (about once a day)	Very often (more than once a day)
Have trouble getting things organized?	☐	☐	☐	☐	☐
Have trouble concentrating on what you were reading?	☐	☐	☐	☐	☐
Forget the date unless you looked it up?	☐	☐	☐	☐	☐
Forget what you talked about after a telephone conversation?	☐	☐	☐	☐	☐
Feel like your mind went totally blank?	☐	☐	☐	☐	☐

Lundbeck