

Adult Depression Checklist

Name: _____ Date: _____

INSTRUCTIONS: Pick out the **one answer** that best describes the way you have been feeling during the past two weeks, including today. Circle the number of the correct answer. Please do not choose more than one number for each statement. Respond to each situation as best you can: if it's not a problem at all; if it's a mild problem, that is bothersome but doesn't interfere with daily activities; or a moderate problem, that does interfere with daily activities; or a severe problem, that makes it very hard to have a normal day at all.

IS THIS STATEMENT TRUE?	Not a Problem	Mild	Moderate	Severe
1. I feel sad	0	1	2	3
2. I feel discouraged about my future	0	1	2	3
3. I feel like a failure	0	1	2	3
4. I don't enjoy things as much as I did	0	1	2	3
5. I feel guilty	0	1	2	3
6. I feel like I'm being punished	0	1	2	3
7. I think about death, or dying, a lot	0	1	2	3
8. I criticize or blame myself	0	1	2	3
9. I have thoughts of killing myself	0	1	2	3
10. I cry more than I used to	0	1	2	3
11. I feel restless or agitated	0	1	2	3
12. I have lost interest in people or activities	0	1	2	3
13. I have more trouble making decisions	0	1	2	3
14. I feel worthless	0	1	2	3
15. I have less energy than I used to have	0	1	2	3
16. I sleep more than usual	0	1	2	3
17. I sleep less than usual	0	1	2	3
18. I am more irritable than usual	0	1	2	3
19. My appetite is greater than usual	0	1	2	3
20. My appetite is less than usual	0	1	2	3
21. I can't concentrate as well as I used to	0	1	2	3
22. I get tired or fatigued more easily	0	1	2	3
23. I am less interested in sex than I used to be	0	1	2	3
24. I feel empty inside	0	1	2	3
25. I can't think clearly	0	1	2	3

MEAN ITEM SCORE		TOTAL SCORE	
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