CONFIDENTIAL!!

ASSESSMENT FOR DEPRESSION

Client: _____

Counsellor: _____ Date: _____

SYMPTOM	HOW SEVERE?	HOW OFTEN?
Feeling depressed, sad, low, crying	Terrible / bad / not a problem	Most of the time / sometimes / never
Frustrated, angry, getting irritated easily	Terrible / bad / not a problem	Most of the time / sometimes / never
Can't be bothered with anything	Terrible / bad / not a problem	Most of the time / sometimes / never
Not sleeping	Terrible / bad / not a problem	Most of the time / sometimes / never
Exhausted, fatigue	Terrible / bad / not a problem	Most of the time / sometimes / never
Feeling anxious, stressed, afraid	Terrible / bad / not a problem	Most of the time / sometimes / never
Lost or gained appetite	Terrible / bad / not a problem	Most of the time / sometimes / never
Lost or gained weight	Terrible / bad / not a problem	Most of the time / sometimes / never
Jittery, agitated, on edge	Terrible / bad / not a problem	Most of the time / sometimes / never
Hard to make decisions	Terrible / bad / not a problem	Most of the time / sometimes / never
Hard to concentrate	Terrible / bad / not a problem	Most of the time / sometimes / never
Feeling worthless and useless	Terrible / bad / not a problem	Most of the time / sometimes / never
Thinking about hurting myself	Terrible / bad / not a problem	Most of the time / sometimes / never
Thinking about hurting others	Terrible / bad / not a problem	Most of the time / sometimes / never
Thinking about dying	Terrible / bad / not a problem	Most of the time / sometimes / never
What else?		