

Depression Screening Scale

INSTRUCTIONS: Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the last week by filling in the circle in the appropriate space. Please provide one answer to each question. Please note that the scoring for 17-20 is **opposite** from 1-16.

HOW OFTEN YOU HAVE FELT THIS WAY IN THE PAST WEEK:

0 = **Rarely** or none of the time (less than 1 day)

1 = **Some** or a little of the time (1-2 days)

2 = **Occasionally** or a moderate amount of time (3-4 days)

3 = **Most** or all of the time (5-7 days)

During the past week:

	0	1	2	3
1. I was bothered by things that don't usually bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I did not feel like eating; my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt I could not shake off the blues even with help from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I had trouble keeping my mind of what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I thought my life had been a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I talked less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I felt that people disliked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I could not get going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCORING: Add up the amount from questions 1-16.

SUBTOTAL FOR 1-16: ____

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HOW OFTEN YOU HAVE FELT THIS WAY IN THE PAST WEEK:

3 = **Rarely** or none of the time (less than 1 day)

2 = **Some** or a little of the time (1-2 days)

1 = **Occasionally** or a moderate amount of time (3-4 days)

0 = **Most** or all of the time (5-7 days)

NOTE: The scoring for 17-20 is **opposite** from 1-16.

During the past week:

	3	2	1	0
17. I felt I was just as good as other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCORING: Add up the amount from questions 17-20.

SUBTOTAL FOR 17-20: ____

**ADD LINES FOR SUBTOTAL 1-16 AND SUBTOTAL FOR 17-20,
TO GET YOUR TOTAL SCORE.**

SUBTOTAL SCORE 1-16: _____

SUBTOTAL SCORE 17-20: _____

TOTAL SCORE: _____

The score is the sum of the 20 questions. Possible range is 0-60.

A score of 16 points or more is considered depressed.

NOTE: This test is meant as a preliminary screening device and cannot provide a definitive diagnosis of your condition. It is important to have a thorough assessment with a trained professional in order to arrive at an appropriate treatment plan.

Client Name

Date