

MAJOR DEPRESSION SYMPTOM CHECKLIST

Name: _____ **Age** _____ **Date:** _____

I. Emotional Domain Symptoms:

Severe	Moderate	Mild	None	Circle the appropriate number for <u>each</u> of these symptoms.
3	2	1	0	1. Sadness – down, blue, maybe tearful
3	2	1	0	2. Anhedonia – pleasureless, even with normal pleasure stimuli
3	2	1	0	3. Apathy – flat, uncaring, unmotivated
3	2	1	0	4. Anxiety – worried, nervous, stressed, maybe “anxiety attacks”
3	2	1	0	5. Irritability – edgy, easily frustrated, snappy, may be more internal
3	2	1	0	6. Feeling Guilty – exaggerated beyond what one could expect
3	2	1	0	7. Feeling Helpless
3	2	1	0	8. Feeling Hopeless
3	2	1	0	9. Feeling Worthless
				TOTAL

II. Cognitive Domain Symptoms:

3	2	1	0	1. Diminished concentration/attention/focus – preoccupied with own mood, pain, problems
3	2	1	0	2. Poor short-term memory – especially memorizing information and spatial memory
3	2	1	0	3. Slowed, sluggish thought flow – trouble accessing words, problem solving ideas, etc
3	2	1	0	4. Distorted, overly negative, pessimistic and/or self-critical thinking
3	2	1	0	5. Repetitive, obsessive thoughts – usually worry thoughts
3	2	1	0	6. Indecisive thinking – poor at pro/con analysis and low confidence in decisions
3	2	1	0	7. Thinking you are spacy, foggy, confused, or “losing it” mentally
3	2	1	0	8. “Run away from it all” thoughts, wanting to avoid and withdraw
3	2	1	0	9. Suicidal thoughts, intentions, plans, or behaviors
				TOTAL

III. Physical and Behavioral Domain Symptoms

3	2	1	0	1. Sleep problems – initial insomnia, interrupted sleep, early morning awakening or at times sleeping too much
3	2	1	0	2. Appetite changes – usually less desire to eat, “queasy,” less interest in taste, perhaps associated weight loss, occasionally increased appetite with “nervous” eating and weight gain
3	2	1	0	3. Muscular fatigue and more sedentary underactive behavior, at times maybe restless and agitated
3	2	1	0	4. Increased pain complaints – headaches, back pain, neck pain, extremity/ joint pain, chest pain, pelvic pain, abdominal pain, general pain
3	2	1	0	5. Decreased sexual interest and decreased enjoyment of sexual activity
				TOTAL

				TOTAL OF ALL SYMPTOMS
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IV: History

1. In your lifetime, approximately how many (2 weeks or more) depressions with a majority of these symptoms have you had?

At what approximate ages?

2. Do you have any “blood related” relatives who have had depression, anxiety problems, Bipolar Disorder, or addictions?

(Yes / No)

If yes, which relatives with which disorder?

3. Have you ever had any periods of “highs” – abnormally intense moods (euphoria or irritability) with concurrent racing thoughts, hyperactivity, decreased sleep – or been diagnosed or treated for Bipolar disorder?

(Yes / No)

4. Have you ever been treated with medication for depression or anxiety?

(Yes / No)

If yes, which medications?
