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| **Depression Inventory**  |
| Directions: Indicate on 0-5 scale the level the symptom has affected your life during the last 2 weeks (or longer). **0 = None 1 = Minimally 2 = Moderate 3 = Causing issues with others around me 4 = Debilitating – can’t function** |

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| --- | --- |
| My sleep is not normal (way more or not being able to sleep) |  0 1 2 3 4 |
| My appetite has changed (increased or decreased/gaining or losing more than 5 lbs in short time without working at it) |  0 1 2 3 4 |
| I feel alone (little emotional support) |  0 1 2 3 4 |
| I have no patience (irritable, complaining) | 0 1 2 3 4 |
| I am not participating in life (canceling plans, calling in to work, not doing favorite activities) |  0 1 2 3 4 |
| I feel numb or couldn’t care less |  0 1 2 3 4  |
| If a piano dropped from the sky and killed me it would be ok |  0 1 2 3 4 |
| I am having thoughts of suicide |  0 1 2 3 4 |
| I have a suicide plan |  0 1 2 3 4 |
| I am not taking care of my responsibilities |  0 1 2 3 4 |

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| I am not showering, changing clothes, grooming |  0 1 2 3 4 |
| I can’t concentrate |  0 1 2 3 4 |

Total:\_\_\_\_\_\_\_\_\_

\*Disclaimer: This inventory is *NOT* meant to be a diagnostic tool! The information obtained from taking and scoring the inventory is meant to enlighten the user as to where they *MAY* be in reference to depression and to encourage the user to seek help and further assessment if needed.