|  |
| --- |
| **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** |

|  |  |
| --- | --- |
| 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 |

|  |  |
| --- | --- |
| 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.