



Depression Scale

Patient's Name: _____ Date: _____

Instructions: Circle the best answer for how you felt over the past week.

No.	Question	Answer
1.	Are you basically satisfied with your life?	Yes / No
2.	Have you dropped many of your activities and interests?	Yes / No
3.	Do you feel that your life is empty?	Yes / No
4.	Do you often get bored?	Yes / No
5.	Are you in good spirits most of the time?	Yes / No
6.	Are you afraid that something bad is going to happen to you?	Yes / No
7.	Do you feel happy most of the time?	Yes / No
8.	Do you often feel helpless?	Yes / No
9.	Do you prefer to stay at home, rather than going out and doing new things?	Yes / No
10.	Do you feel you have more problems with memory than most?	Yes / No
11.	Do you think it is wonderful to be alive now?	Yes / No
12.	Do you feel worthless the way you are now?	Yes / No
13.	Do you feel full of energy?	Yes / No
14.	Do you feel that your situation is hopeless?	Yes / No
15.	Do you think most people are better off than you are?	Yes / No