

SIGNS AND SYMPTOMS OF DEPRESSION

Introduction: please confirm or deny the following	YES	NO
1. Feeling sad, blue	()	()
2. Crying spells?	()	()
3. Exaggerated symptoms of number 1 & 2 in the morning?	()	()
4. Change in sleeping patterns?	()	()
5. Change in appetite?	()	()
6. Weight loss in past 6 months?	()	()
7. Loss of interest in thing you used to enjoy, to including sex?	()	()
8. Digestive problems (constipation, diarrhea, ect.)?	()	()
9. Cardiovascular changes (increased heart rate, chest pains, ect.)?	()	()
10. Loss of energy or feeling tired all of the time?	()	()
11. Being anxious or worried?	()	()
12. Being aggitated or irritate?	()	()
13. Problems concentrating, thinking, remembering or making decisions?	()	()
14. Sense of life being empty?	()	()
15. Sense of hopelessness?	()	()
16. Sense of dissatisfaction with life?	()	()
17. Sense of dissatisfaction with self?	()	()
18. Thoughts of death or suicide?	()	()
19. Feeling worthless or guilty?	()	()
20. Headaches; other pains?	()	()
Total	_____	_____