Name	Date	DEPRES	SSI	O	N S	SCALE
-	cludes questions about symptoms of de the PAST WEEK, INCLUDING TOD					
·	EV. INCLUDING TODAY	0=not at all true (0 1=rarely true (1-2 2=sometimes true (3-6 d	RATING GUIDELINES 0=not at all true (0 days) 1=rarely true (1-2 days) 2=sometimes true (3-4 days) 3=often true (5-6 days) 4=almost always true (every day)			
During the FAST WEF	EK, INCLUDING TODAY					
1. I felt sad or depress	sed	0	1	2	3	4
2. I was not as interes	ted in my usual activities	0	1	2	3	4
3. My appetite was po	oor and I didn't feel like eating	0	1	2	3	4
4. My appetite was m	uch greater than usual	0	1	2	3	4
5. I had difficulty slee	ping	0	1	2	3	4
6. I was sleeping too i	much	0	1	2	3	4
7. I felt very fidgety, i	making it difficult to sit still	0	1	2	3	4
8. I felt physically slo	wed down, like my body was stuck in mud	0	1	2	3	4
9. My energy level wa	as low	0	1	2	3	4
10. I felt guilty		0	1	2	3	4
11. I thought I was a fa	ilure	0	1	2	3	4
12. I had problems con	centrating	0	1	2	3	4
13. I had more difficult	ties making decisions than usual	0	1	2	3	4
14. I wished I was dead	ł	0	1	2	3	4
15. I thought about kill	ing myself	0	1	2	3	4
16. I thought that the fu	uture looked hopeless	0	1	2	3	4
17. Overall, how much hav 0) not at all 1) a little bit 2) a moderate amou 3) quite a bit 4) extremely	ve symptoms of depression interfered with o	or caused difficulties in your life during the p	oast	wee	k?	

- 18. How would you rate your overall quality of life during the past week?
 - 0) very good, my life could hardly be better
 - 1) pretty good, most things are going well
 - 2) the good and bad parts are about equal
 - 3) pretty bad, most things are going poorly
 - 4) very bad, my life could hardly be worse