**Depression**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all (0 days)** | **Several days****(1-7 days)** | **More than half of the days****(8-11 days)** | **Nearly every day****(12-14 days)** |
| 1. Little interest or pleasure in doing things |  |  |  |  |
| 2. Feeling down, depressed, or hopeless: |  |  |  |  |
| 3. Trouble falling or staying asleep, or sleeping too much: |  |  |  |  |
| 4. Feeling tired or having little energy: |  |  |  |  |
| 5. Poor appetite or overeating: |  |  |  |  |
| 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down: |  |  |  |  |
| 7. Trouble concentrating on things, such as washing dishes: |  |  |  |  |
| 8. Moving or speaking so slowly that other people could have noticed. OR the opposite- being so fidgety or restless that you have been moving around a lot more than usual: |  |  |  |  |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way: |  |  |  |  |