

Are you at risk for depression? Take the assessment to find out.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Column Totals				

Total Score (Add your column totals)	
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Symptom Severity Table

Score	Depression Severity
0	No Symptoms
1-4	Minimal Depression
5-9	Mild Depression
10-14	Moderate Depression
15-19	Moderately Severe Depression
>20	Severe Depression

Concerned about your score?

Talk to your healthcare practitioner or a professional counselor for support and guidance.

Sources:

Health Advocate Member Website

Substance Abuse and Mental Health Services Administration
[SAMHSA.gov](https://www.samhsa.gov)