

DEPRESSION SCREENING TEST

Please use the results of this test as a guide and not a diagnosis, only a licensed mental health practitioner can diagnose depression. When completed **total the number of "Yes" responses.**

1. Have you felt sad or tearful for a majority of the day for at least the last two weeks?
 YES NO

2. Have you lost interest in activities which you used to enjoy?
 YES NO

3. Is it difficult for you to fall asleep most nights to the point that you do not get adequate sleep and are tired the next day?
 YES NO

4. Do you feel you sleep a lot more than you should because of feeling fatigued most of the day for at least the last two weeks?
 YES NO

5. Have you noticed a change in your appetite that has resulted in either not feeling hungry most days or feeling the urge to eat more than usual and has resulted in a change in your weight?
 YES NO

6. Has your energy level decreased to the point that normal daily activities seem overwhelming?
 YES NO

7. Have you noticed that it seems more difficult to stay focused on activities or to concentrate on complicated tasks?
 YES NO

8. Have you thought about suicide or what it would be like if you were not around anymore?
 YES NO

9. Do you find yourself getting angry easily or lashing out at people without a valid reason?
 YES NO

10. Do friends or family tell you that they are concerned about you because of your feelings of sadness, your sleep patterns, or your anger?
 YES NO

11. Is it more difficult for you to make decisions, even regarding simple matters which used to be easy?
 YES NO

12. Do you cry more easily than you used to?

YES

NO

13. Do you often criticize yourself about things you have done in the past or about decisions you have made?

YES

NO

14. Have feelings of sadness or anger, changes in your sleep pattern, or a lack of motivation and energy gotten in the way of achieving goals or performing work activities?

YES

NO

15. Does the future look bleak or even hopeless to you?

YES

NO

Response Results:

0 = No depression

1-4 = Mild depression

5-9 = Moderate depression

10-15 = Major depression

For more information, contact
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4228 Wisconsin Avenue, NW

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Disclaimer: This screening is not a diagnostic tool and in no way should take the place of an assessment administered by a mental healthcare professional. If you are feeling unsafe, please contact us or 911 immediately.

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CAGE-AID Questionnaire

When thinking about drug use, illegal drug use, and the use of prescription drug use other than prescribed.

Questions

Have you felt that you should cut down on your drinking or drug use?

YES

NO

Have people annoyed you by criticizing your drinking or drug use?

YES

NO

Have you felt bad or guilty about your drinking or drug use?

YES

NO

Have you ever had a drink or drugs first thing in the morning to steady your nerves or get rid a hangover?

YES

NO

Scoring: regard one or more "Yes" responses as a positive screen

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