Life Script Counseling Services

"Helping YOU Reclaim Your Life"

Tom Porpiglia, MS, LMHC, D.CEP, EFT-ADV

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www.lifescriptcounseling.com

Thank you for your interest and concern about whether or not you have depression and downloading this form.

To Score this form:

1. Download it and print it out.
2. Add up the numbers in each column

Add up the column totals. This will give you and idea of if you have any, how much you have and how serious it might be.

Sincerely,

Tom Porpiglia MS, LMHC D.CEP, EFT-ADV, V.V.

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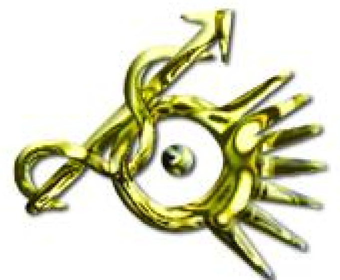

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Depression Severity

Depression Severity Screening

Name:______________________________________ Date:______________

Answer each question with regard to how you have felt over the last two weeks. Circle the appropriate answer.

Topic	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 to 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 your self, that you are a failure	0	1	2	3
Trouble concentrating on tasks or activities	0	1	2	3
Moving or speaking slowly, or being fidgety & restless	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself or someone	0	1	2	3
TOTALS:				
If you checked any of the problems, how difficult have they made it for you to work, take care of things at home or get along with others?	Not Difficult	Some-what Difficult	Very Difficult	Extremely Difficult

Do Not Write In This Section!

Total : _____

Ratings:

0 – 5 none   6 – 12 gray zone   13 – 18 mild to moderate   19 – 27 severe