

## Depression Screening Test

<b><i>Clinical Symptoms</i></b>	Yes	No
<i>Do you experience depressed mood most of the day, nearly every day?</i>		
<i>Have you experienced markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day?</i>		
<i>Have you experienced significant weight loss when not dieting or weight gain?</i>		
<i>Have you suffered from insomnia or hypersomnia nearly every day?</i>		
<i>Have you exhibited significant restlessness, psychomotor agitation, or inactivity?</i>		
<i>Have you suffered from chronic fatigue or loss of energy nearly every day?</i>		
<i>Have you experienced feelings of worthlessness or excessive guilt?</i>		
<i>Have you struggled with decision making, problems thinking, or concentrate?</i>		
<i>Have you experienced recurrent thoughts of death or suicidal ideation?</i>		
<b><i>If you have answered "yes" to 5 or more of these symptoms, you may suffer from depression. Further assessment by a mental health professional is indicated.</i></b>		
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