

DEPRESSION TRACKING FORM

For each item, choose how well it describes how you felt over the *past two weeks*, including today.

Rating Guidelines

0= not at all (0 days per week)

1= rarely true (1-2 days per week)

2= sometimes true (3-4 days per week)

3= often true (5-6 days per week)

4= almost always true (every day)

1. I felt sad or depressed	0	1	2	3	4
2. I was not as interested in my usual activities	0	1	2	3	4
3. My appetite was poor and I didn't feel like eating	0	1	2	3	4
4. My appetite was much greater than usual	0	1	2	3	4
5. I had difficulty sleeping	0	1	2	3	4
6. I was sleeping too much	0	1	2	3	4
7. I felt very fidgety, making difficult to sit still	0	1	2	3	4
8. I felt physically slowed down, like my body was stuck in mud.	0	1	2	3	4
9. My energy level was low	0	1	2	3	4
10. I felt guilty	0	1	2	3	4
11. I thought I was a failure	0	1	2	3	4
12. I had problems concentrating	0	1	2	3	4
13. I had more difficulties making decisions than usual	0	1	2	3	4
14. I wished I was dead	0	1	2	3	4
15. I thought about killing myself	0	1	2	3	4
16. I thought that the future looked hopeless	0	1	2	3	4

Overall, how much have symptoms of depression interfered with or caused difficulties in your life during the past two weeks?

0 not at all 1 a little bit 2 a moderate amount
3 quite a bit 4 extremely