

## Am I Suffering from a Major Depressive Episode?

Print out this questionnaire and check "Yes" or "No" on the following items:

YES    NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. During the same two week period, I have experienced a depressed mood every day, or nearly every day.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. During the same two week period, I have experienced a definite or markedly diminished interest or pleasure in all, or almost all, activities most of the day every day, or nearly every day.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. During a period of a month, I have experienced significant weight loss when not dieting or weight gain (a change of more than 5% of body weight), or decrease or increase in appetite every day, or nearly every day.            |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. During the same two week period, I have experienced insomnia or sleeping more than 10 hours a day every day, or nearly every day.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. During the same two week period, I have experienced feeling restless or being slowed down, which others have observed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. During the same two week period, I have experienced fatigue or loss of energy every day, or nearly every day.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. During the same two week period, I have experienced feelings of worthlessness or excessive or inappropriate guilt every day, or nearly every day.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. During the same two week period, I have experienced diminished ability to think or concentrate, or indecisiveness every day, or nearly every day.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. During the same two week period, I have experienced recurrent thoughts of death (not simply a fear of dying), recurrent suicidal ideation without a specific plan, a suicide attempt, or a specific plan for committing suicide. |

\_\_\_\_\_ 10. My depressive symptoms have been causing significant distress or impairment in social, occupational, or other important areas of functioning.

PLEASE REVIEW YOUR RESPONSES: If you checked "Yes" to five (5) or more items (and at least one of the "Yes" checked items was item #1 or item #2), you may possibly be suffering from a Major Depressive Episode.

We can help! Call the Richardson Regional Medical Center Helpline at 972-498-8500 for more information and/or a no cost evaluation for our mental health services unless you are having active suicidal thoughts. If you are having suicidal thoughts, please go to your nearest emergency room as soon as possible!