

Depression Symptom Checklist

Symptom	Does Symptom Currently Apply to You? (Y/N)	Severity *(1–10)	How Often Does This Symptom Occur?
1. Low mood almost every day or part of every day for at least 2 weeks			
2. Lack of interest in activities that were once pleasurable			
3. Weight loss or gain (not from dieting) of 5% of body weight			
4. Difficulty falling or staying asleep or early awakening nearly every night			
5. Sluggishness or physical tension almost every day			
6. Fatigue or low energy almost every day			
7. Low self-esteem and a sense of worthlessness or guilt			
8. Chronic difficulty making decisions, thinking clearly, and/or keeping focused			
9. Repetitive thoughts of death and suicide and/or plans to commit suicide			
10. Symptoms seem to be worse in the morning, including often waking up too early			

*1 = almost nonexistent in my life

5 = applies to me about half of the time

10 = very relevant to my condition