

SCREENING CHECKLIST FOR DEPRESSION (SC/D)

NAME: _____ DATE: _____ RATER: _____

Place a checkmark in the appropriate space to indicate how you
have felt over the last two weeks.

OBSERVATION	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH	
1. Feeling sad, empty, angry or tearful					
2. Not getting pleasure out of anything					
3. Losing or gaining significant amounts of weight, without trying					
4. Can't sleep or sleeping all the time					
5. Fatigue or loss of energy					
6. Feeling worthless					
7. Feeling excessively (or inappropriately) guilty					
8. Difficulty concentrating and making decisions					
9. Wanting to die					
For internal use only	x 0	x 1	x 2	x 3	SCORE

SCORING: To calculate the score, add up the number of entries in each of the 4 columns and multiply the totals by the number (0, 1, 2 or 3) shown at the bottom the column. The sum of these is the SCORE.

THIS FORM MAY BE REPRODUCED

Adapted from DSM-IV criteria for Major Depressive Disorder by Dr. Teeya Scholten, R. Psych. Calgary, AB.
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Everyone can feel sad, irritated, angry or tearful at times; however if you feel this way a lot of the time you may wish to seek help. If someone reports wanting to die, take the person to the Emergency Dept. of the nearest hospital for a "Lethality Assessment". Let a trained professional make the decision about how serious the situation is and suggest what to do.