

Nearly 20 million Americans experience depression, but many will never seek treatment, according to the National Institute of Mental Health. The *Depression Self-Rating Test* is a simple, 16-question quiz to help you identify common symptoms of depression and their severity. Remember, depression is more than just feeling down: it is a real medical condition that can be effectively treated.

**Instructions:** Select the one response to each item that best describes you for the past seven days. You must answer all questions. After you have answered each question, calculate your depression score. This information will help our physicians to recommend follow-up actions for you to consider.

\*This test was developed by John Rush, MD, a leading psychiatrist from the University of Texas Medical Center.

<b>1.</b>	<b>Falling asleep:</b>	
0	<input type="checkbox"/>	I never take longer than 30 minutes to fall asleep.
1	<input type="checkbox"/>	I take at least 30 minutes to fall asleep, less than half the time.
2	<input type="checkbox"/>	I take at least 30 minutes to fall asleep, more than half the time.
3	<input type="checkbox"/>	I take more than 60 minutes to fall asleep, more than half the time.

<b>2.</b>	<b>Sleep during the night:</b>	
0	<input type="checkbox"/>	I do not wake up at night.
1	<input type="checkbox"/>	I have a restless, light sleep with a few brief awakenings each night.
2	<input type="checkbox"/>	I wake up at least once a night, but I go back to sleep easily.
3	<input type="checkbox"/>	I awaken more than once a night and stay away for 20 minutes or more, more than half the time.

<b>3.</b>	<b>Wake up too early:</b>	
0	<input type="checkbox"/>	Most of the time, I awaken no more than 30 minutes before I need to get up.
1	<input type="checkbox"/>	More than half the time, I awaken more than 30 minutes before I need to get up.
2	<input type="checkbox"/>	I almost always awaken at least an hour or so before I need to, but I go back to sleep eventually.
3	<input type="checkbox"/>	I awaken at least an hour before I need to, and can't go back to sleep.

<b>4.</b>	<b>Sleeping too much:</b>	
0	<input type="checkbox"/>	I sleep no longer than 7-8 hours/night, without napping during the day.
1	<input type="checkbox"/>	I sleep no longer than 10 hours in a 24-hour period including naps.
2	<input type="checkbox"/>	I sleep no longer than 12 hours in a 24-hour period including naps.
3	<input type="checkbox"/>	I sleep longer than 12 hours in a 24-hour period including naps.

<b>5.</b>	<b>Feeling sad:</b>	
0	<input type="checkbox"/>	I do not feel sad.
1	<input type="checkbox"/>	I feel sad less than half the time.
2	<input type="checkbox"/>	I feel sad more than half the time.
3	<input type="checkbox"/>	I feel sad nearly all of the time.

<b>6.</b>	<b>Decreased appetite:</b>	
0	<input type="checkbox"/>	There is no change in my usual appetite.
1	<input type="checkbox"/>	I eat somewhat less often or lesser amounts of food than usual.
2	<input type="checkbox"/>	I eat much less than usual and only with personal effort.
3	<input type="checkbox"/>	I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat.

<b>7.</b>	<b>Increased appetite:</b>	
0	<input type="checkbox"/>	There is no change from my usual appetite.
1	<input type="checkbox"/>	I feel a need to eat more frequently than usual.
2	<input type="checkbox"/>	I regularly eat more often and/or greater amounts of food than usual.
3	<input type="checkbox"/>	I feel driven to overeat both at mealtime and between meals.

<b>8.</b>	<b>Decreased weight (within the last two weeks):</b>	
0	<input type="checkbox"/>	I have not had a change in my weight.
1	<input type="checkbox"/>	I feel as if I've had a slight weight loss.
2	<input type="checkbox"/>	I have lost 2 pounds or more.
3	<input type="checkbox"/>	I have lost 5 pounds or more.

<b>9.</b>	<b>Increased weight (within the last two weeks):</b>	
0	<input type="checkbox"/>	I have not had a change in my weight.
1	<input type="checkbox"/>	I feel as if I've had a slight weight gain.
2	<input type="checkbox"/>	I have gained 2 pounds or more.
3	<input type="checkbox"/>	I have gained 5 pounds or more.

<b>10.</b>	<b>Concentration/Decision making:</b>	
0	<input type="checkbox"/>	There is no change in my usual capacity to concentrate or make decisions.
1	<input type="checkbox"/>	I occasionally feel indecisive or find that my attention wanders.
2	<input type="checkbox"/>	Most of the time, I struggle to focus my attention or to make decisions.
3	<input type="checkbox"/>	I cannot concentrate well enough to read or cannot make even minor decisions.

<b>11.</b>	<b>View of myself:</b>	
0	<input type="checkbox"/>	I see myself as equally worthwhile and deserving as other people.
1	<input type="checkbox"/>	I am more self-blaming than usual.
2	<input type="checkbox"/>	I largely believe that I cause problems for others.
3	<input type="checkbox"/>	I think almost constantly about major and minor defects in myself.

<b>12.</b>	<b>Life is not worth living:</b>	
0	<input type="checkbox"/>	Life is worth living.
1	<input type="checkbox"/>	I feel that life is empty or wonder if it's worth living occasionally.

	2	<input type="checkbox"/>	I feel that life is empty or wonder if it's worth living often.
	3	<input type="checkbox"/>	I feel that life is empty or wonder if it's worth living all the time.
<b>13.</b>	<b>General interest:</b>		
	0	<input type="checkbox"/>	There is no change from usual in how interested I am in other people or activities.
	1	<input type="checkbox"/>	I notice that I am less interested in people or activities.
	2	<input type="checkbox"/>	I find I have interest in only one or two of my formerly pursued activities.
	3	<input type="checkbox"/>	I have virtually no interest in formerly pursued activities.

<b>14.</b>	<b>Energy level:</b>		
	0	<input type="checkbox"/>	There is no change in my usual level of energy.
	1	<input type="checkbox"/>	I get tired more easily than usual.
	2	<input type="checkbox"/>	I have to make a big effort to start or finish my usual daily activities (for example: shopping, homework, cooking, or going to work)
	3	<input type="checkbox"/>	I really cannot carry out most of my usual daily activities because I just don't have the energy.

<b>15.</b>	<b>Feeling slowed down:</b>		
	0	<input type="checkbox"/>	I think, speak, and move at my usual rate of speed.
	1	<input type="checkbox"/>	I find that my thinking is slowed down or my voice sounds dull or flat.
	2	<input type="checkbox"/>	It takes me several seconds to respond to most questions, and I'm sure my thinking is slowed.
	3	<input type="checkbox"/>	I am often unable to respond to questions without extreme effort.

<b>16.</b>	<b>Feeling restless:</b>		
	0	<input type="checkbox"/>	I do not feel restless
	1	<input type="checkbox"/>	I'm often fidgety, wringing my hands, or need to shift how I am sitting.
	2	<input type="checkbox"/>	I have impulses to move about and am quite restless.
	3	<input type="checkbox"/>	At times, I am unable to stay seated and need to pace around.

## Understanding Your Depression Score

The score on the *Depression Self-Rating Test* ranges from 0 to 27.

It breaks down according to the following criteria:

Normal	0–5
Mild	6–10
Moderate	11–15
Severe	16–20
Very Severe	21

**Reminder:**

Your depression score does not represent a formal diagnosis of depression. Instead, your score indicates that you have some of the common symptoms associated with depression and, therefore, you *may* have the illness. If you have answered all the questions as honestly as possible, you feel that the results of the test are accurate and your score is over 9, you should

explore the possibility of depression with your physician today.