

Instructions: Put a check <input checked="" type="checkbox"/> to indicate how much you have experienced each symptom during the past week, including today. Please answer all 25 items.		0 = Not At All	1 = Somewhat	2 = Moderately	3 = A Lot
Thoughts and Feelings					
1	Feeling sad or down in the dumps				
2	Feeling unhappy or blue				
3	Crying spells or tearfulness				
4	Feeling discouraged				
5	Feeling hopeless				
6	Low self-esteem				
7	Feeling worthless or inadequate				
8	Guilt or shame				
9	Criticizing yourself or blaming others				
10	Difficulty making decisions				
Activities and Personal Relationships					
11	Loss of interest in family, friends or colleagues				
12	Loneliness				
13	Spending less time with family or friends				
14	Loss of motivation				
15	Loss of interest in work or other activities				
16	Avoiding work or other activities				
17	Loss of pleasure or satisfaction in life				
Physical Symptoms					
18	Feeling tired				
19	Difficulty sleeping or sleeping too much				
20	Decreased or increased appetite				
21	Loss of interest in sex				
22	Worrying about your health				
Suicidal Urges					
23	Do you have any suicidal thoughts?				
24	Would you like to end your life?				
25	Do you have a plan for harming yourself?				