



Below is a list of the ways you might have felt or behaved. Please mark how often you have felt this way during the past week

Question	Rarely or none of the time (< 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
1	I was bothered by things that usually don't bother me.			
2	I did not feel like eating; my appetite was poor.			
3	I felt that I could not shake off the blues even with help from my family or friends.			
4	I felt I was just as good as other people.			
5	I had trouble keeping my mind on what I was doing.			
6	I felt depressed.			
7	I felt that everything I did was an effort.			
8	I felt hopeful about the future.			
9	I thought my life had been a failure.			
10	I felt fearful.			
11	My sleep was restless.			
12	I was happy.			
13	I talked less than usual.			
14	I felt lonely.			
15	People were unfriendly.			
16	I enjoyed life.			
17	I had crying spells.			
18	I felt sad.			
19	I felt that people dislike me.			
20	I could not get "going."			
Your column scores				
TOTAL SCORE				

Scoring: Zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is 0 to 60, with the higher scores indicating the presence of more symptoms of depression.

