

**Dr Marti Fausold-Mowers  
Depression Symptom Questionnaire**

NAME

DATE of BIRTH

To Day's DATE

Over the last 2 week, how often have you been bothered by any of the following:	Response
1. Little interest or pleasure in doing things?	<input style="width: 100%; height: 25px;" type="text"/>
2. Feeling down, depressed, irritable or hopeless?	<input style="width: 100%; height: 25px;" type="text"/>
3. Trouble falling asleep, staying asleep, or sleeping too much?	<input style="width: 100%; height: 25px;" type="text"/>
4. Feeling tired or little energy?	<input style="width: 100%; height: 25px;" type="text"/>
5. Poor appetite, weight loss or overeating?	<input style="width: 100%; height: 25px;" type="text"/>
6. Feeling bad about myself – or feeling that you are a failure, or that you have let yourself or your family down?	<input style="width: 100%; height: 25px;" type="text"/>
7. Trouble concentrating on things like school work, reading or watching TV?	<input style="width: 100%; height: 25px;" type="text"/>
8. Moving or speaking so slowly that other people could have noticed? Ir the opposite – being so fidgety or restless that you were moving around a lot more than usual?	<input style="width: 100%; height: 25px;" type="text"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way?	<input style="width: 100%; height: 25px;" type="text"/>

If response to Question 9 is “Not at all”, then STOP. Otherwise, complete additional questions

Additional Questions:	RESPONSE
10. Have you had thoughts of actually hurting yourself	<input style="width: 100%; height: 25px;" type="text"/>
11. If you are experiencing any of the problems listed on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?	<input style="width: 100%; height: 25px;" type="text"/>
12. Has there been a time in the past month when you had serious thoughts about ending your life?	<input style="width: 100%; height: 25px;" type="text"/>
13. have you <b>EVER</b> in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	<input style="width: 100%; height: 25px;" type="text"/>

