Depression Self-Rating Test

Nearly 20 million Americans experience depression,[1] but many will never seek treatment. The Depression Self-Rating Test is a simple 16-question quiz that can help 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.

Please complete the following questionnaire and return it to your healthcare provider.

Name: _____ Date of Birth: _____ Today's Date: _____

Instructions: Please **circle** the one response to each item that best describes you for the past seven days.

1. Falling asleep:

0 I never take longer than 30 minutes to fall asleep.
1 I take at least 30 minutes to fall asleep, less than half the time.
2 I take at least 30 minutes to fall asleep, more than half the time.
3 I take more than 60 minutes to fall asleep, more than half the time.

2. Sleep during the night:

0 I do not wake up at night.
1 I have a restless, light sleep with a few brief awakenings each night.
2 I wake up at least once a night, but I go back to sleep easily.
3 I awaken more than once a night and stay awake for 20 minutes or more, more than half the time.

3. Waking up too early:

0 Most of the time, I awaken no more than 30 minutes before I need to get up.
1 More than half the time, I awaken more than 30 minutes before I need to get up.
2 I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually.
3 I awaken at least one hour before I need to, and can't go back to sleep.

4. Sleeping too much:

0 I sleep no longer than 7–8 hours/night, without napping during the day.
1 I sleep no longer than 10 hours in a 24-hour period including naps.
2 I sleep no longer than 12 hours in a 24-hour period including naps.
3 I sleep longer than 12 hours in a 24-hour period including naps.

5. Feeling sad:

0 I do not feel sad.
1 I feel sad less than half the time.
2 I feel sad more than half the time.
3 I feel sad nearly all of the time.

6. Decreased appetite:

0 There is no change in my usual appetite.
1 I eat somewhat less often or lesser amounts of food than usual.
2 I eat much less than usual and only with personal effort.
3 I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat.

7. Increased appetite:

0 There is no change from my usual appetite.
1 I feel a need to eat more frequently than usual.
2 I regularly eat more often and/or greater amounts of food than usual.
3 I feel driven to overeat both at mealtime and between meals.

8. Decreased weight (within the last two weeks):

0 I have not had a change in my weight.
1 I feel as if I've had a slight weight loss.
2 I have lost 2 pounds or more.
3 I have lost 5 pounds or more.

9. Increased weight (within the last two weeks):

0 I have not had a change in my weight.
1 I feel as if I've had a slight weight gain.
2 I have gained 2 pounds or more.
3 I have gained 5 pounds or more.

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10. Concentration/Decision making:

- **0** There is no change in my usual capacity to concentrate or make decisions.
- **1** I occasionally feel indecisive or find that my attention wanders.
- **2** Most of the time, I struggle to focus my attention or to make decisions.
- **3** I cannot concentrate well enough to read or cannot make even minor decisions.

11. View of myself:

- **0** I see myself as equally worthwhile and deserving as other people.
- **1** I am more self-blaming than usual.
- **2** I largely believe that I cause problems for others.
- **3** I think almost constantly about major and minor defects in myself.

12. Thoughts of death or suicide:

- **0** I do not think of suicide or death.
- **1** I feel that life is empty or wonder if it's worth living.
- **2** I think of suicide or death several times a week for several minutes.
- **3** I think of suicide or death several times a day in some detail, or I have made specific plans for suicide or have actually tried to take my life.

13. General interest:

- **0** There is no change from usual in how interested I am in other people or activities.
- **1** I notice that I am less interested in people or activities.
- **2** I find I have interest in only one or two of my formerly pursued activities.
- **3** I have virtually no interest in formerly pursued activities.

14. Energy level:

- **0** There is no change in my usual level of energy.
- **1** I get tired more easily than usual.
- **2** 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** I really cannot carry out most of my usual daily activities because I just don't have the energy.

15. Feeling slowed down:

- **0** I think, speak, and move at my usual rate of speed.
- **1** I find that my thinking is slowed down or my voice sounds dull or flat.
- **2** It takes me several seconds to respond to most questions, and I'm sure my thinking is slowed.
- **3** I am often unable to respond to questions without extreme effort.

16. Feeling restless:

- **0** I do not feel restless.
- **1** I'm often fidgety, wringing my hands, or need to shift how I am sitting.
- **2** I have impulses to move about and am quite restless.
- **3** At times, I am unable to stay seated and need to pace around.

This section is to be completed by your doctor.

To Score:

Enter the highest score on any 1 of the 4 sleep items (1–4)	_____
Item 5	_____
Enter the highest score on any 1 appetite/weight item (6–9)	_____
Item 10	_____
Item 11	_____
Item 12	_____
Item 13	_____
Item 14	_____
Enter the highest score on either of the 2 psychomotor items (15 and 16)	_____
TOTAL SCORE (Range 0–27)	_____

Scoring Criteria: Normal 0–5 Mild 6–10 Moderate 11–15 Severe 16–20 Very Severe 21+

NOTE: The above cutoff points are based largely on clinical judgment rather than on empirical data.

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References: 1. National Institute of Mental Health website. Depression Research at the National Institute of Mental Health Fact Sheet. Available at: http://www.nimh.nih.gov/publicat/depresfact.cfm. Accessed November 28, 2002.

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