

DEPRESSION WORKSHEET

Name _____ Date _____

Approximate age/date when you first experienced depression _____

Average number and frequency of depressive episodes _____

Average length of each depressive episode _____

Are the depressed feelings more ongoing rather than isolated episodes?

Have the symptoms of depression gotten worse lately?

Please describe _____

At least five of the following symptoms have been present during the same two week period:

01. depressed mood most of the day, nearly every day.

02. diminished interest in nearly all activities

03. fluctuating weight ↑↓ and/or appetite ↑↓ (circle arrows also)

04 a. difficulty:
falling asleep
staying asleep
b. sleep excessively.

05. a. feeling (or appearing to others) fidgety or restless
b. sluggish

06. fatigue or loss of energy

07. a. feelings of worthlessness
b. feelings of excessive or inappropriate guilt

08. a. diminished ability to think.
b. difficulty concentrating.
c. indecisiveness

09. a. recurrent thoughts of death
b. recurrent thoughts of suicide

Explain _____

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