DO YOU HAVE DEPRESSION?

For more than TWO WEEKS have you: Check if Yes

1. Felt sad, down or miserable most of the time? O
2. Lost interest or pleasure in most of your usual activities? O
   If you answered ‘YES’ to either of these questions, complete the symptom checklist below. If you did not answer ‘YES’ to either of these questions, it is unlikely that you have a depressive illness.

3. Lost or gained a lot of weight? OR had a decrease or increase in appetite? O
4. Sleep disturbance? O
5. Felt slowed down, restless or excessively busy? O
6. Felt tired or had no energy? O
7. Felt worthless? OR felt excessively guilty? OR felt guilt about things you should not have been feeling guilty about? O
8. Had poor concentration? OR had difficulties thinking? OR were very indecisive? O
9. Had recurrent thoughts of death?

   Add up the number of checks for your total score: ____

WHAT DOES YOUR SCORE MEAN?
(assuming you answered ‘YES’ to question 1 and/or question 2.)
4 or less: Unlikely to have a depressive illness
5 or more: Likely to have a depressive illness

For further assessment, please contact your family doctor or call our Access Helpline at 1-888-793-4357 for a referral.


Find out about community mental health providers and other local and national resources.