

DO YOU HAVE DEPRESSION?

For more than TWO WEEKS have you:

Check if Yes

1. Felt sad, down or miserable most of the time?

2. Lost interest or pleasure in most of your usual activities?

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?

4. Sleep disturbance?

5. Felt slowed down, restless or excessively busy?

6. Felt tired or had no energy?

7. Felt worthless? OR felt excessively guilty? OR felt guilt about things you should not have been feeling guilty about?

8. Had poor concentration? OR had difficulties thinking? OR were very indecisive?

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.

References: American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 4th ed (DSM-IV). Washington, DC: APA, 1994; and, International classification of diseases and related health problems, 10th revision. Geneva, World Health Organization, 1992-1994.

Find out about [community mental health providers](#) and other local and national resources.