

**The Counseling Team International**  
1881 Business Center Drive, Suite 11  
San Bernardino, CA 92408  
(909) 884-0133  
[www.thecounselingteam.com](http://www.thecounselingteam.com)

## **Am I depressed?**

### **Answer "Yes" or "No"**

*During the past two weeks or more--and for most of the day, nearly every day:*

1. I have felt sad, blue, empty and in a depressed mood.
2. I have lost interest or pleasure in all, or almost all, of my usual activities.
3. My appetite has significantly decreased OR increased; I have lost OR gained a lot of weight.
4. I have difficulty sleeping (insomnia); OR, I have been sleeping too much (more than 10 hours per day).
5. I feel restless and can't sit still or relax; OR I feel slowed down mentally and physically.
6. I have no energy. I am often fatigued.
7. I have feelings of worthlessness or a lot of guilt feelings.
8. I have trouble concentrating and/or making decisions.
9. I have noticed a decrease in sexual interest.
10. I don't seem to care if I live or die and have had thoughts of death and/or suicide.

**If you answered "yes" to #10, you should SEEK HELP IMMEDIATELY regardless of how you responded to any of the other statements.**

If you answered "yes" to questions (1) or (2) and at least **five** of the other questions, you may be depressed. You should consult your doctor or a qualified mental health professional if you have had these symptoms for longer than 2 weeks and if the symptoms are severe enough to interfere with your daily routine.

### *Disclaimer:*

*This is a preliminary depression screening test that does not, in any way, replace a medical or psychiatric diagnosis. It is intended to present you with an idea of any mild to moderate depressive symptoms that may indicate the need for a further evaluation by a physician or mental health professional.*