Depression Screening Test

Clinical Symptoms	Yes	No
Do you experience depressed mood most of the day, nearly every day?		
Have you experienced markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day?		
Have you experienced significant weight loss when not dieting or weight gain?		
Have you suffered from insomnia or hypersomnia nearly every day?		
Have you exhibited significant restlessness, psychomotor agitation, or inactivity?		
Have you suffered from chronic fatigue or loss of energy nearly every day?		
Have you experienced feelings of worthlessness or excessive guilt?		
Have you struggled with decision making, problems thinking, or concentrate?		
Have you experienced recurrent thoughts of death or suicidal ideation?		
If you have answered "yes" to 5 or more of these symptoms, you may suffer from depression. Further assessment by a mental health professional is indicated. ***Therapy Center, LLC, 7808 E. Funston St., Wichita, KS 67207 (316) 636-11888 www.therapycenterwichita.com***		