

Worksheet 10.1, Mind over mood depression questionnaire

	Not at all	Sometimes	Frequently	Most of the time
1. Sad or depressed mood	0	1	2	3
2. Feeling guilty	0	1	2	3
3. Irritable mood	0	1	2	3
4. Less interest or pleasure in usual activities	0	1	2	3
5. Withdraw from or avoid people	0	1	2	3
6. Find it harder than usual to do things	0	1	2	3
7. See myself as worthless	0	1	2	3
8. Trouble concentrating	0	1	2	3
9. Difficulty making decisions	0	1	2	3
10. Suicidal thoughts	0	1	2	3
11. Recurrent thoughts of death	0	1	2	3
12. Spend time thinking about suicide plan	0	1	2	3
13. Low self-esteem	0	1	2	3
14. See the future as hopeless	0	1	2	3
15. Self-critical thoughts	0	1	2	3
16. Tiredness or loss of energy	0	1	2	3
17. Significant weight loss or dec in appetite (not weight loss from diet plan)	0	1	2	3
18. Change in sleep pattern (Diff. sleeping or sleeping more than usual)	0	1	2	3
19. Decreased sexual desire	0	1	2	3

SCORE \_\_\_\_\_