

Depression Work Sheet

Name _____ Date _____

Approximate age/date when you first experienced depression _____

Average number and frequency of depressive episodes? _____

Average length of each depressive episode _____

Are the feelings more ongoing rather than isolated episodes? _____

Have the symptoms of depression gotten worse lately? _____

Please Describe _____

At least five of the following symptoms have been present during the same two week period:

- | | |
|--|---|
| 01. depressed mood most of the day, nearly every day <input type="checkbox"/> | 06. fatigue or loss of energy <input type="checkbox"/> |
| 02. diminished interest in nearly all activities. <input type="checkbox"/> | 07. a. feelings of worthlessness <input type="checkbox"/> |
| 03. fluctuating weight ↑↓ and/or appetite ↑↓ (circle arrows also) <input type="checkbox"/> | b. feelings of excessive or inappropriate guilt. <input type="checkbox"/> |
| 04. a. difficulty: | 08. a. diminished ability to think <input type="checkbox"/> |
| falling asleep <input type="checkbox"/> | b. difficulty concentrating <input type="checkbox"/> |
| staying asleep. <input type="checkbox"/> | c. indecisiveness. <input type="checkbox"/> |
| b. sleep excessively. <input type="checkbox"/> | 09. a. recurrent thoughts of death <input type="checkbox"/> |
| 05. a. feeling (or appearing to others) fidgety or restless. <input type="checkbox"/> | b. recurrent thoughts of suicide <input type="checkbox"/> |
| b. sluggish. <input type="checkbox"/> | |

Explain _____



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