

MAJOR DEPRESSIVE DISORDER SYMPTOM CHECKLIST

Name: _____ Date of Birth _____ Age _____ Date: _____

I. Emotional Domain Symptoms:

IV: Past History

	<i>Severe</i>	<i>Moderate</i>	<i>Mild</i>	<i>None</i>		
					****DEFINITIONS: <i>Mild</i> - noticeable to yourself, on & off frequency, usually able to ignore or "fight it" and function reasonably/or may or may not be observable by people who know you. <i>Moderate</i> – clearly abnormal and frequent, close people would see that something is different or wrong, still can function with effort although not as well. <i>Severe</i> – daily or hourly, very different than your own norm, painful/miserable, significantly interferes with regular functioning.	1. In your lifetime, approximately how many (2 weeks or more) depressions with a majority of these symptoms have you had? _____
3	2	1	0		1. Sadness – down, blue, maybe tearful	At what approximate ages? _____
3	2	1	0		2. Anhedonia – pleasureless, difficulty enjoying usual fun things	_____
3	2	1	0		3. Apathy – flat, uncaring, unmotivated	
3	2	1	0		4. Anxiety – worried, nervous, stressed, maybe "anxiety attacks", avoidant, dread	2. Do you have any "blood related" relatives who have had depression, anxiety problems, OCD, Bipolar Disorder, addictions, ADHD, schizophrenia? (Yes / No)
3	2	1	0		5. Irritability – edgy, easily frustrated, snappy, may be a more internal perception of anger	If yes, which relatives with which disorder? _____
3	2	1	0		6. Feeling Guilty – exaggerated beyond what one could expect	_____
3	2	1	0		7. Feeling Helpless	_____
3	2	1	0		8. Feeling Hopeless	_____
3	2	1	0		9. Feeling Worthless	_____
					SUBTOTAL OF ALL POINTS IN THIS SECTION	_____

II. Cognitive Domain Symptoms:

3	2	1	0		1. Diminished concentration/attention/focus – preoccupied with own mood, pain and problems making it difficult to work, read, finish tasks	3. Have you ever had any periods of "highs" – abnormally intense moods (euphoria or irritability) with concurrent racing thoughts, hyperactivity, and decreased need for sleep – or been diagnosed or treated for Bipolar disorder? (Yes / No)
3	2	1	0		2. Poor short-term memory – especially memorizing information and spatial Memory problems	
3	2	1	0		3. Slowed, sluggish thought flow – trouble accessing words, problem solving ideas, etc	
3	2	1	0		4. Distorted, overly negative, pessimistic and/or self-critical thinking	
3	2	1	0		5. Repetitive, obsessive thoughts – usually worry thoughts	
3	2	1	0		6. Indecisive thinking – poor at pro/con analysis and low confidence in decisions, frequent doubt thoughts	
3	2	1	0		7. Thinking you are spacy, foggy, confused, or "losing it" mentally	4. Have you ever been treated with medication for depression, OCD, anxiety, Bipolar Disorder, addictions, ADHD, Schizophrenia? (Yes / No)
3	2	1	0		8. "Run away from it all" thoughts, wanting to avoid and withdraw, "give up thoughts"	
3	2	1	0		9. Suicidal thoughts, intentions, plans, or behaviors	
					SUBTOTAL OF ALL POINTS IN THIS SECTION	_____

III. Physical and Behavioral Domain Symptoms:

2	1	0			1. Sleep problems – initial insomnia, interrupted sleep, early morning awakening or at times sleeping too much and still feeling sleepy	If yes, which medications? What age were you? How did you respond? _____
2	1	0			2. Appetite changes – usually less desire to eat, "queasy," less interest in taste, perhaps associated weight loss, occasionally increased appetite with "nervous" eating and weight gain	_____
2	1	0			3. Muscular fatigue and more sedentary underactive behavior, at times maybe restless and agitated	_____
2	1	0			4. Increased pain complaints – headaches, back pain, neck pain, extremity/ joint pain, chest pain, pelvic pain, abdominal pain, general pain	_____
2	1	0			5. Decreased sexual interest and decreased enjoyment of sexual activity	_____
					SUBTOTAL OF ALL POINTS IN THIS SECTION	_____
					TOTAL OF POINTS FROM SECTION I, II, AND III	_____

