

CHECK IN ON YOUR LEVEL OF WELLNESS

Twice each month, rate how often you've been bothered by the statements in the list, ranging from 0 (not bothered at all) to +3 (bothered nearly every day), by shading the appropriate circle that best describes your experience for that statement.

For each check-in, record the check-in date and your overall score by adding together the rating numbers you shaded for each statement.

SCORING

- 0-4 Minimal or No Depression
- 5-9 Mild Depression
- 10-14 Moderate Depression
- 15-19 Moderately Severe Depression
- 20-27 Severe Depression

FIRST CHECK-IN DATE: _____

TOTAL SCORE: _____ *(Add the sums from each column below to find your total score.)*

How often have you been bothered by the following over the last two weeks?

	Not at all 0	Several days +1	More than half the days +2	Nearly every day +3	
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling tired or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poor appetite or overeating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble concentrating on things such as reading the newspaper or watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Moving or speaking so slowly that other people have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

TOTAL SCORE:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not at all difficult Somewhat difficult Very difficult Extremely difficult

_____ + _____ + _____ + _____ = _____

SECOND CHECK-IN DATE: _____

TOTAL SCORE: _____ *(Add the sums from each column below to find your total score.)*

How often have you been bothered by the following over the last two weeks?

	Not at all 0	Several days +1	More than half the days +2	Nearly every day +3	
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling tired or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Poor appetite or overeating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble concentrating on things such as reading the newspaper or watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Moving or speaking so slowly that other people have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

TOTAL SCORE:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not at all difficult Somewhat difficult Very difficult Extremely difficult

_____ + _____ + _____ + _____ = _____