



## Depression Screening Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things:

Not At All \_\_\_\_\_ Several Days \_\_\_\_\_ More than half the days \_\_\_\_\_ Nearly every day \_\_\_\_\_

Feeling down, depressed, or hopeless:

Not At All \_\_\_\_\_ Several Days \_\_\_\_\_ More than half the days \_\_\_\_\_ Nearly every day \_\_\_\_\_

Trouble falling or staying asleep, or sleeping too much:

Not At All \_\_\_\_\_ Several Days \_\_\_\_\_ More than half the days \_\_\_\_\_ Nearly every day \_\_\_\_\_

Feeling tired or having little energy:

Not At All \_\_\_\_\_ Several Days \_\_\_\_\_ More than half the days \_\_\_\_\_ Nearly every day \_\_\_\_\_

Poor appetite or overeating:

Not At All \_\_\_\_\_ Several Days \_\_\_\_\_ More than half the days \_\_\_\_\_ Nearly every day \_\_\_\_\_

Feeling bad about yourself – or that you are a failure or have let yourself or your family down:

Not At All \_\_\_\_\_ Several Days \_\_\_\_\_ More than half the days \_\_\_\_\_ Nearly every day \_\_\_\_\_

Trouble concentrating on things, such as reading the newspaper or watching television:

Not At All \_\_\_\_\_ Several Days \_\_\_\_\_ More than half the days \_\_\_\_\_ Nearly every day \_\_\_\_\_

Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual:

Not At All \_\_\_\_\_ Several Days \_\_\_\_\_ More than half the days \_\_\_\_\_ Nearly every day \_\_\_\_\_

Thoughts that you would be better off dead, or of hurting yourself in some way:

Not At All \_\_\_\_\_ Several Days \_\_\_\_\_ More than half the days \_\_\_\_\_ Nearly every day \_\_\_\_\_

Contact PCS at 414-453-7306  
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Please bring with you the completed the ***Biographical Questionnaire*** to your first visit to PCS.