

# 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 depressed 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 .....

02. diminished interest in nearly all activities .....

03. fluctuating weight ↑↓ and/or appetite ↑↓ (circle arrows also) .....

04. a. difficulty:  
    falling asleep .....   
    staying asleep .....   
    b. sleep excessively .....

05. a. feeling (or appearing to others) fidgety or restless .....   
    b. sluggish .....

06. fatigue or loss of energy .....

07. a. feelings of worthlessness .....   
    b. feelings of excessive or inappropriate guilt .....

08. a. diminished ability to think .....   
    b. difficulty concentrating .....   
    c. indecisiveness .....

09. a. recurrent thoughts of death .....   
    b. recurrent thoughts of suicide .....

Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DR. DIANNE RUTH**

**PhD in Psychology • Anxiety Care Coach & Alternative Counselor**

**Email:** [DrRuth@AnxietyCareCoach.com](mailto:DrRuth@AnxietyCareCoach.com) • **Website:** [AnxietyCareCoach.com](http://AnxietyCareCoach.com) • [DynamicResources.net](http://DynamicResources.net)  
**Mobile (619) 961-7500 • All Sessions by Phone**