



The Centre For Cognitive · Behavioural Therapy

Professional, Confidential Counselling



Depression Questionnaire

Do you suffer from the following symptoms?. Answer 'Yes' or 'No' for each one

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| 1 | Do you feel sad or suffer from the 'blues'? | Yes / No |
| 2 | Do you get little or no enjoyment from your usual daily activities? | Yes / No |
| 3 | Do you feel distinctly less hopeful about the future? | Yes / No |
| 4 | Have you withdrawn from your normal social networks? | Yes / No |
| 5 | Are you critical / blame yourself when things go differently from what you expected? | Yes / No |
| 6 | Do you find you have little motivation to do things? | Yes / No |
| 7 | Do you feel constantly tired or fatigued? | Yes / No |
| 8 | Have you lost your sexual desire? | Yes / No |
| 9 | Do you have trouble concentrating? | Yes / No |
| 10 | Do you suffer from irritability? | Yes / No |
| 11 | Are you plagued by guilty feelings? | Yes / No |
| 12 | Do you have disturbed sleep, going to sleep or walking in the night? | Yes / No |
| 13 | Do you have low self worth? | Yes / No |
| 14 | Do you worry about your physical health a lot? | Yes / No |
| 15 | Do you struggle to make both minor and major decisions? | Yes / No |
| 16 | Have you lost interest in eating? | Yes / No |
| 17 | Do you have thoughts of suicide? | Yes / No |
| 18 | Do you feel less attractive than before? | Yes / No |
| 19 | Do you feel you are being punished? | Yes / No |
| 20 | Do you cry a lot? | Yes / No |