

Name _____ Date _____

The items below refer to how you have felt and behaved ****during the past week.**** For each item, indicate the extent to which it is true, by circling one of the numbers that follows it. Use the following scale:

0 = Not at all 1 = Just a little 2 = Somewhat 3 = Moderately 4 = Quite a lot 5 = Very much

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| 1. I do things slowly | 0 1 2 3 4 5 |
| 2. My future seems hopeless | 0 1 2 3 4 5 |
| 3. It is hard for me to concentrate on reading | 0 1 2 3 4 5 |
| 4. The pleasure and joy has gone out of my life | 0 1 2 3 4 5 |
| 5. I have difficulty making decisions | 0 1 2 3 4 5 |
| 6. I have lost interest in aspects of life that used to be important to me | 0 1 2 3 4 5 |
| 7. I feel sad, blue, and unhappy | 0 1 2 3 4 5 |
| 8. I am agitated and keep moving around | 0 1 2 3 4 5 |
| 9. I feel fatigued | 0 1 2 3 4 5 |
| 10. It takes great effort for me to do simple things | 0 1 2 3 4 5 |
| 11. I feel that I am a guilty person who deserves to be punished | 0 1 2 3 4 5 |
| 12. I feel like a failure | 0 1 2 3 4 5 |
| 13. I feel lifeless--more dead than alive | 0 1 2 3 4 5 |
| 14. My sleep has been disturbed: too little, too much, or broken sleep | 0 1 2 3 4 5 |
| 15. I spend time thinking about <i>how</i> I might kill myself | 0 1 2 3 4 5 |
| 16. I feel trapped or caught | 0 1 2 3 4 5 |
| 17. I feel depressed even when good things happen to me | 0 1 2 3 4 5 |
| 18. Without trying to diet, I have lost, or gained, weight | 0 1 2 3 4 5 |

Note: This scale is designed to measure changes in the severity of depression and it has been shown to be sensitive to the changes that result from psychotherapeutic or psychopharmacologic treatment. These scales are not designed to diagnose the presence or absence of either depression or mania.

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