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Depression Monitoring Form - Copyright 2014 Natural Terrain Naturopathic Clinic. Dr. Christina Bjorndal

The goal of the following depression questionnaire is to help follow the evolution of your depressive symptoms. It also serves as a tool to evaluate the severity of your symptoms. When done periodically, every two weeks for example, the questionnaire can help determine if your symptoms are improving or worsening.

To complete the questionnaire answer each series of questions by circling the statement that most closely applies to your situation. Then, the circled numbers are added to determine your result.

There are no "good" or "bad" answers. Everyone has depressive thoughts from time to time. However, when these thoughts become overwhelming and persistent, this may be a sign that you are facing a difficult situation. The best treatment for these thoughts is Cognitive Behavioral Therapy (CBT). Please see the book "Mind Over Mood" by Christine Padesky for more information on CBT and ask Dr. Bjorndal for more information as she is trained in this area.

Depression is not a sign of weakness or lack of character. It is a temporary, treatable condition that impairs a person's mood and health. People with depression must seek help from a health care professional.

- 1. 0. I do not feel sad.
 - 1. I feel sad.
 - 2. I always feel sad and cannot pull through.
 - 3. I am so sad or discouraged that I cannot bear it.
- 2. 0. I do not feel discouraged when I think about my future
 - 1. I feel discouraged when I think about my future.
 - 2. I feel like the future has nothing to offer.
 - 3. My future seems hopeless and nothing will change it.
- 3. 0. I do not feel I am a failure
 - 1. I think I fail more often than most people.
 - 2. When I think about my past, all I can see are failures.
 - 3. I am a failure.
- 4. 0. I enjoy life as much as usual.
 - 1. I do not enjoy life as before.
 - 2. I do not enjoy life anymore.
 - 3. I get no enjoyment anymore, nothing satisfies me.
- 5. 0. I do not feel guilty.
 - 1. I often feel guilty.
 - 2. I feel really guilty most of the time.
 - 3. I always feel guilty.

- 6. 0. I do not feel like I am being punished.
 - 1. I sometimes feel like I am being punished.
 - 2. I feel I deserve to be punished.
 - 3. I feel I am being punished.
- 7. 0. I am not disappointed in myself.
 - 1. I am disappointed in myself.
 - 2. I am disgusted in myself.
 - 3. I hate myself.
- 8. 0. I feel I am no worse than others.
 - 1. I criticize myself for my weaknesses and faults.
 - 2. I constantly criticize myself for my faults.
 - 3. I am to blame for everything that goes wrong.
- 9. 0. I never think of suicide.
 - 1. I sometimes think of suicide, but will probably never do it.
 - 2. I want to commit suicide.
 - 3. I would commit suicide if I had the chance.
- 10. 0. I do not cry more often than usual.
 - 1. I cry more often than before.
 - 2. I cry all the time.
 - 3. I used to cry but I can no longer cry these days.

- 11. 0. I don't get annoyed or irritated.
 - 1. I get annoyed or irritated some of the time
 - 2. I feel annoyed or irritated most of the time.
 - 3. I constantly feel annoyed/irritated these days.
- 12. 0. I am interested in others.
 - 1. I am less interested in others than usual.
 - 2. I have lost a good part of my interest in others.
 - 3. I have lost all interest in others.
- 13. 0. I can make decisions as I used to.
 - 1. I put decisions off to the next day more often than I used to.
 - 2. I find it very difficult to make a decision.
 - 3. I am incapable of making a decision.
- 14. 0. I do not think that my appearance has changed for the worst.
 - 1. I fear I look older or less attractive.
 - 2. I think my appearance has irreversibly changed for the worst.
 - 3. I feel I am ugly.
- 15. 0. I accomplish my work as well as before.
 - 1. I have to put in a lot of effort to initiate any work.
 - 2. I must push myself to accomplish anything.
 - 3. I can no longer work.

- 16. 0. I sleep as well as I used to.
 - 1. I am not sleeping as well as I used to.
 - 2. I wake up one or two hours earlier than usual and I have difficulty going back to sleep.
 - 3. I wake several hours early and I fail to go back to sleep.
- 17. 0. I am no more tired than usual.
 - 1. I get tired more easily than I used to.
 - 2. I get tired for no reason.
 - 3. I am too tired to do anything.
- 18. 0. My appetite is the same as always.
 - 1. My appetite is not what it used to be.
 - 2. My appetite has significantly decreased.
 - 3. I have no appetite anymore.
- 19. 0. I do not think I have lost weight lately.
 - 1. I have lost at least 5 pounds.
 - 2. I have lost at least 10 pounds.
 - 3. I have lost at least 15 pounds.
- 20. 0. I not concerned about my health
 - 1. Certain health problems, such as pain, stomach upset or constipation, are worrying me.
 - 2. I feel very worried about my health problems and I find it difficult to think of other things.
 - 3. My health problems worry me so much that I can think of nothing else.
- 21. 0. My interest in sex has not changed.
 - 1. I have lost some interest in sex.
 - 2. I have a lot less interest in sex.
 - 3. I have lost all interest in sex

S	SCORING:								
	Date	Score	Date	Score	Date	Score	Date	Score	

- 1 10: These ups and downs are considered normal.
- 11 16: Mild mood disturbance
- 17 20: Borderline clinical depression
- 21 30: Moderate depression
- 31 40: Severe depression
- Over 40: Extreme depression