

## WORKSHEET 10.1: *Mind Over Mood* Depression Inventory

In order to use this inventory multiple times, do not write on this page. Indicate on the answer sheet on the following page the numbered answer that best describes how much you have experienced each symptom over the last week.

	Not at all	Sometimes	Frequently	Most of the time
1. Sad or depressed mood	0	1	2	3
2. Feeling guilty	0	1	2	3
3. Irritable mood	0	1	2	3
4. Less interest or pleasure in usual activities	0	1	2	3
5. Withdraw from or avoid people	0	1	2	3
6. Find it harder than usual to do things	0	1	2	3
7. See myself as worthless	0	1	2	3
8. Trouble concentrating	0	1	2	3
9. Difficulty making decisions	0	1	2	3
10. Suicidal thoughts	0	1	2	3
11. Recurrent thoughts of death	0	1	2	3
12. Spend time thinking about a suicide plan	0	1	2	3
13. Low self-esteem	0	1	2	3
14. See the future as hopeless	0	1	2	3
15. Self-critical thoughts	0	1	2	3
16. Tiredness or loss of energy	0	1	2	3
17. Significant weight loss or decrease in appetite (do not include weight loss from a diet plan)	0	1	2	3
18. Change in sleep pattern—difficulty sleeping or sleeping more or less than usual	0	1	2	3
19. Decreased sexual desire	0	1	2	3

Score (of total circled numbers)