

OM COUNSELING SERVICES BURNS DEPRESSION CHECKLIST

For Patients 49 and younger

Place a check (✓) in the box to the right of each category to indicate how much this type of feeling has bothered you in the past several days.

TOTAL SCORE – DEGREE OF DEPRESSION <i>0 – 4 Minimal or no depression 21- 30 Moderate depression</i> <i>5 – 10 Borderline depression 31 – 45 Severe depression</i> <i>11 -20 Mild depression</i>	0	1	2	3
	Not at all	Somewhat	Moderately	A lot
1. Sadness: Do you feel sad or down in the dumps?				
2. Discouragement: Does the future look hopeless?				
3. Low Self-Esteem: Do you feel worthless?				
4. Inferiority: Do you feel inadequate or inferior to others?				
5. Guilt: Do you get self-critical and blame yourself?				
6. Indecisiveness: Is it hard to make decisions?				
7. Irritability: Do you frequently feel angry or resentful?				
8. Loss of Interest in Life: Have you lost interest in your career, hobbies, family, or friends?				
9. Loss of Motivation: Do you have to push yourself hard to do things?				
10. Poor Self-Image: Do you feel old or unattractive?				
11. Appetite Changes: Have you lost your appetite? Do you overeat or binge compulsively?				
12. Sleep Changes: Is it hard to get a good night's sleep? Are you tired and sleeping too much?				
13. Loss of Sex Drive: Have you lost your interest in sex?				
14. Concerns about Health: Do you worry excessively about your health?				
15. Suicidal Impulses: Do you have thoughts that life is not worth living or you'd be better off dead?				
TOTAL SCORE ON ITEMS 1-15				
Total Score				

A score of 21 or greater requires a depressed mood treatment plan

Administered by: _____

Date: _____ Time: _____