

Name \_\_\_\_\_

Date \_\_\_\_\_

### DEPRESSION QUESTIONNAIRE

*Please answer the following questions numbering your answers from 0 to 10. Zero means no problem, 5 a problem of moderate intensity and severity, and 10 a severe or frequent problem.*

1. I feel hopeless      0 1 2 3 4 5 6 7 8 9 10
2. I cry often      0 1 2 3 4 5 6 7 8 9 10
3. I feel desperate      0 1 2 3 4 5 6 7 8 9 10
4. I feel alone, without support      0 1 2 3 4 5 6 7 8 9 10
5. I have had suicidal thoughts in the past      0 1 2 3 4 5 6 7 8 9 10
6. I have suicidal thoughts currently      0 1 2 3 4 5 6 7 8 9 10
7. I use drugs or alcohol to solve my problems      0 1 2 3 4 5 6 7 8 9 10

*Please answer the following questions "yes" or "no":*

8. Are you taking antidepressants now? \_\_\_\_\_
9. Are you willing to give up coffee and recreational drugs? \_\_\_\_\_
10. Are you willing to continue treatment with us for at least one year? \_\_\_\_\_

Thank you.

Drs. Judyth Reichenberg Ullman and Robert Ullman