Na	me D	ate	D	EPRES	SI	01	I S	CAL	_E
Th we	STRUCTIONS is questionnaire includes question Il it describes you during the PAS the item that best describes you.			ımber in t	he (colu	ımn	s nex	αt
Durir	ng the PAST WEEK, INCLUDING	S TODAY	1=rarely 2=somet 3=often	RATING GUIDELINES 0=not at all true (0 days) 1=rarely true (1-2 days) 2=sometimes true (3-4 days) 3=often true (5-6 days) 4=almost always true (every day)					
	I felt sad or depressed						3	4	
	I was not as interested in my usual						3	4	
	My appetite was poor and I didn't fe						3	4	
4.	My appetite was much greater than	usual		0	1	2	3	4	
5.	I had difficulty sleeping			0	1	2	3	4	
6.	I was sleeping too much			0	1	2	3	4	
7.	I felt very fidgety, making it difficult t	o sit still		0	1	2	3	4	
8.	I felt physically slowed down, like m	y body was stuck in mud		0	1	2	3	4	
9.	My energy level was low			0	1	2	3	4	
10.	I felt guilty			0	1	2	3	4	
11.	I thought I was a failure			0	1	2	3	4	
12.	I had problems concentrating			0	1	2	3	4	
13.	I had more difficulties making decisi	ons than usual		0	1	2	3	4	
14.	I wished I was dead			0	1	2	3	4	
15.	I thought about killing myself			0	1	2	3	4	
16.	I thought that the future looked hope	eless		0	1	2	3	4	

- 17. Overall, how much have symptoms of depression interfered with or caused difficulties in your life during the past week?
 - 0) not at all
 - 1) a little bit
 - 2) a moderate amount
 - 3) quite a bit
 - 4) extremely
- 18. How would you rate your overall quality of life during the past week?
 - 0) very good, my life could hardly be better
 - 1) pretty good, most things are going well
 - 2) the good and bad parts are about equal
 - 3) pretty bad, most things are going poorly
 - 4) very bad, my life could hardly be worse