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Cognitive Therapy London

Professional, Confidential Counselling

Depression Questionnaire

Do you suffer from the following symptoms?. Answer 'Yes' or 'No' for each one

1	Do you feel sad or suffer from the 'blues'?	Yes / No
2	Do you get little or no enjoyment from your usual daily activities?	Yes / No
3	Do you feel distinctly less hopeful about the future?	Yes / No
4	Have you withdrawn from your normal social networks?	Yes / No
5	Are you critical / blame yourself when things go differently from what you expected?	Yes / No
6	Do you find you have little motivation to do things?	Yes / No
7	Do you feel constantly tired or fatigued?	Yes / No
8	Have you lost your sexual desire?	Yes / No
9	Do you have trouble concentrating?	Yes / No
10	Do you suffer from irritability?	Yes / No
11	Are you plagued by guilty feelings?	Yes / No
12	Do you have disturbed sleep, going to sleep or waking in the night?	Yes / No
13	Do you have low self worth?	Yes / No
14	Do you worry about your physical health a lot?	Yes / No
15	Do you struggle to make both minor and major decisions?	Yes / No
16	Have you lost interest in eating?	Yes / No
17	Do you have thoughts of suicide?	Yes / No
18	Do you feel less attractive than before?	Yes / No
19	Do you feel you are being punished?	Yes / No
20	Do you cry a lot?	Yes / No