

## Self-Look at Depression\*

	How much time...	All of the time	Most of the time	Slightly more than half the time	Slightly less than half the time	Some of the time	At no time
1	Have you felt low in spirits or sad?	5	4	3	2	1	0
2	Have you lost interest in your daily activities?	5	4	3	2	1	0
3	Have you felt lacking in energy or strength?	5	4	3	2	1	0
4	Have you felt less self-confident?	5	4	3	2	1	0
5	Have you had a bad conscience or feelings of guilt?	5	4	3	2	1	0
6	Have you felt that life isn't worth living?	5	4	3	2	1	0
7	Have you had difficulty in concentrating?	5	4	3	2	1	0
8	Have you felt restless?	5	4	3	2	1	0
9	Have you had trouble sleeping at night?	5	4	3	2	1	0
10	Have you suffered from increased or reduced appetite?	5	4	3	2	1	0

\*NOTE: Results of this quiz should not be used to diagnose depression without consulting a mental health professional. If you find yourself with several 6's and 5's, give Phoenix Associates, Inc. a call today to discuss.

### Office Hours:

Monday – Thursday 9:00 am- 7:00 pm & Friday 12 noon- 5:00 pm & Saturday 12 noon-2:00 pm

We are in network with all major insurance plans, including Medicaid & Medicare.

**Contact us at 260.424.0411**

