

Depression Assessment

Fill out this form so we can assess the level of depression you experience now in regard to this situation. Before starting, think about the situation for a moment. Let it sink in. Then while it is fresh on your mind, read each item. Click the square to the left of that item that best describes the level matching your current experience.

You will naturally feel some discomfort when filling this out. Our goal is to improve your situation enough so that this will be the last time you endure this much discomfort. If the discomfort is already too great, stop. We can do this another way. Proceed only when *you* are ready to move forward. This is for *you*, not for us nor for anyone else. Contact us if you have any questions.

1. Your affected level of **unhappiness**

- I do not feel sad.
- I feel sad.
- I am sad all the time and I can't snap out of it.
- I am so sad and unhappy that I can't stand it.

2. Your affected level of **hope**

- I am not particularly discouraged about the future.
- I feel discouraged about the future.
- I feel I have nothing to look forward to.
- I feel the future is hopeless and that things cannot improve.

3. Your affected sense of **failure**

- I do not feel like a failure.
- I feel I have failed more than the average person.
- As I look back on my life, all I can see is a lot of failures.
- I feel I am a complete failure as a person.

4. Your affected level of **satisfaction**

- I get as much satisfaction out of things as I used to.
- I don't enjoy things the way I used to.
- I don't get real satisfaction out of anything anymore.
- I am dissatisfied or bored with everything.

Value Relating

5. Your affected sense of guilt

- I don't feel particularly guilty.
- I feel guilty a good part of the time.
- I feel quite guilty most of the time.
- I feel guilty all of the time.

6. Your affected sense of being punished

- I don't feel I am being punished.
- I feel I may be punished.
- I expect to be punished.
- I feel I am being punished.

7. Your affected level of self-loathing

- I don't feel disappointed in myself.
- I am disappointed in myself.
- I am disgusted with myself.
- I hate myself.

8. Your affected sense of being at fault

- I don't feel I am any worse than anybody else.
- I am critical of myself for my weaknesses or mistakes.
- I blame myself all the time for my faults.
- I blame myself for everything bad that happens.

9. Your affected level of suicidal thoughts

- I don't have any thoughts of killing myself.
- I have thoughts of killing myself, but I would not carry them out.
- I would like to kill myself.
- I would kill myself if I had the chance.

10. Your affected level of crying

- I don't cry any more than usual.
- I cry more now than I used to.
- I cry all the time now.
- I used to be able to cry, but now I can't cry even though I want to.

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Value Relating

11. Your affected level of irritability

- I am no more irritated by things than I ever was.
- I am slightly more irritated now than usual.
- I am quite annoyed or irritated a good deal of the time.
- I feel irritated all the time.

12. Your affected level of socializing

- I have not lost interest in other people.
- I am less interested in other people than I used to be.
- I have lost most of my interest in other people.
- I have lost all of my interest in other people.

13. Your affected level of decisiveness

- I make decisions about as well as I ever could.
- I put off making decisions more than I used to.
- I have greater difficulty in making decisions more than I used to.
- I can't make decisions at all anymore.

14. Your affected degree of self-image

- I don't feel that I look any worse than I used to.
- I am worried that I am looking old or unattractive.
- I feel there are permanent changes in my appearance that make me look unattractive.
- I believe that I look ugly.

15. Your affected level of effort

- I can work about as well as before.
- It takes an extra effort to get started at doing something.
- I have to push myself very hard to do anything.
- I can't do any work at all.

16. Your impacted level of sleep

- I can sleep as well as usual.
- I don't sleep as well as I used to.
- I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
- I wake up several hours earlier than I used to and cannot get back to sleep.

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17. Your affected level of tiredness

- I don't get more tired than usual.
- I get tired more easily than I used to.
- I get tired from doing almost anything.
- I am too tired to do anything.

18. Your affected degree of appetite

- My appetite is no worse than usual.
- My appetite is not as good as it used to be.
- My appetite is much worse now.
- I have no appetite at all anymore.

19. Your impacted level of weight loss

- I haven't lost much weight, if any, lately.
- I have lost more than five pounds.
- I have lost more than ten pounds.
- I have lost more than fifteen pounds.

20. Your affected level of concern for your health

- I am no more worried about my health than usual.
- I am worried about physical problems like aches, pains, upset stomach, or constipation.
- I am very worried about physical problems and it's hard to think of much else.
- I am so worried about my physical problems that I cannot think of anything else.

21. Your affected level of sexual interest

- I have not noticed any recent change in my interest in sex.
- I am less interested in sex than I used to be.
- I have almost no interest in sex.
- I have lost interest in sex completely.

When done, save this document. Then return it by email to valuerelating@protonmail.com, with message title: completed assessment. We can review what it means the next time we meet, and what it can do for you.

Your name:

Your email address:

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