

N·P·S

NEALPSYCHOLOGICALSPECIALTIES, LTD

AMEN CHECKLIST DEPRESSION SCREENING

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, lover or parent) fill out a separate form. Make sure they indicate their relationship to you on the form.

- 0 - NEVER
- 1 - RARELY
- 2 - OCCASIONALLY
- 3 - FREQUENTLY
- 4 - VERY FREQUENTLY (AS IN *MOST OF THE TIME*)

1. _____ PERSISTENT SAD, OR "EMPTY" MOOD
2. _____ LOSS OF INTEREST OR PLEASURE IN ACTIVITIES THAT ARE USUALLY FUN, INCLUDING SEX
3. _____ RESTLESSNESS, IRRITABILITY, OR EXCESSIVE CRYING
4. _____ FEELINGS OF GUILT, WORTHLESSNESS, HELPLESSNESS, HOPELESSNESS, PESSIMISM
5. _____ SLEEPING TOO MUCH OR TOO LITTLE, EARLY-MORNING AWAKENING
6. _____ APPETITE AND/OR WEIGHT LOSS OR OVEREATING AND WEIGHT GAIN
7. _____ DECREASED ENERGY, FATIGUE, FEELING "SLOWED DOWN"
8. _____ THOUGHTS OF DEATH OR SUICIDE, OR SUICIDE ATTEMPTS
9. _____ DIFFICULTY CONCENTRATING, REMEMBERING, OR MAKING DECISIONS
10. _____ PERSISTENT PHYSICAL SYMPTOMS THAT DO NOT RESPOND TO TREATMENT, SUCH AS HEADACHES, DIGESTIVE DISORDERS, AND CHRONIC PAIN
11. _____ PERSISTENT NEGATIVITY OR CHRONIC LOW SELF-ESTEEM
12. _____ PERSISTENT FEELING OF BEING DISSATISFIED OR BORED.

IF YOU HAVE A SCORE OF 3 (OFTEN) OR 4 (VERY FREQUENTLY) ON 6 OR MORE OF THE ABOVE STATEMENTS, YOU MAY WANT TO CONSULT YOUR PHYSICIAN.

Please note: This symptom checklist does not replace a visit with a qualified medical professional. If you have any questions about his checklist or your answers, please call NPS at 815-477-4727.

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