

MCCRACKEN COUNSELING AND ASSOCIATES

MCCA

DEPRESSION CHECK LIST

Name: _____

CHECK ALL THAT MAY APPLY:

- _____ **Difficulty concentrating, remembering details, and making decisions**
- _____ **Fatigue and decreased energy**
- _____ **Feelings of guilt, worthlessness, and/or helplessness**
- _____ **Feelings of hopelessness and/or pessimism**
- _____ **Insomnia, early-morning wakefulness, or excessive sleeping**
- _____ **Irritability, restlessness**
- _____ **Loss of interest in activities or hobbies once pleasurable, including sex**
- _____ **Overeating or appetite loss**
- _____ **Persistent aches or pains, **headaches**, cramps, or digestive problems that do not ease even with treatment**
- _____ **Persistent sad, anxious, or "empty" feelings**
- _____ **Thoughts of suicide, suicide attempts**
- _____ **A sudden switch from being very sad to being very calm or appearing to be happy**
- _____ **Always talking or thinking about death**
- _____ **Deep sadness**
- _____ **Putting affairs in order, tying up loose ends**
- _____ **Saying things like "It would be better if I wasn't here" or "I want out"**