

MOOD CHECKLIST

Last name

First name

Date: / /

Please carefully read each item in the list. Indicate to what extent you experienced the symptom during the **PAST WEEK, INCLUDING TODAY**, by placing “x” in the corresponding space in the column next to each symptom.

	Not at all	Just a little	Yes, I do have it	Very much so!
My mood is down, sad				
Nothing is of interest or of pleasure in my life				
I have no desire to do things				
I am very slow				
I am tired all the time				
It's difficult to fall asleep or, I wake up too early				
I feel sleepy during the day				
I am not interested in eating				
I am crying often				
It's difficult to concentrate or to make decisions				
My life is worthless				
I am worthless				
There is no hope in my life, nothing will help				
I feel guilty				
I am losing weight				
I think about death a lot				