



PSYCHOLOGICAL ARTS

MOOD DISORDER SCREEN

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[HTTP://PSYCHARTS.COM](http://psycharts.com)
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Name: _____

Date: _____

How often have you experienced the following signs or symptoms over the past 14 days?

Sign and Symptoms	Score 0	Score 1	Score 2	Score 3
Depression	Rarely: 0 or 1 day	Minority of the time: 2-6 days	Majority of the time: 7-12 days	Nearly all the time: 13 or 14 days
Thoughts that you would be better off dead; or suicidal thoughts				
Diminished interests, enthusiasm, and experience of pleasure				
Feeling depressed or hopeless				
Trouble falling or staying asleep, or can't get out of bed				
Loss of appetite; or excessive appetite				
View self as worthless, a failure, or shameful				
Difficulty concentrating				
Slow movements or speech; or agitated movements or speech				
Believe that you let yourself or others down				

Depression Score: _____

Sign and Symptoms	Score 0	Score 1	Score 2	Score 3
Anxiety	Rarely: 0 or 1 day	Minority of the time: 2-6 days	Majority of the time: 7-12 days	Nearly all the time: 13 or 14 days
Worrying – thinking about threatening things				
Nausea, headaches, other symptoms of tension				
Shortness of breath, rapid heart rate				
Avoiding places or situations				
Seeing self as unable to cope				
Quick to startle, or enhance startle response				
Panic or anxiety attacks				
Restlessness or subjective feelings of anxiety				
Thinking, "What if. . . [some negative event]"				

Anxiety Score: _____

Total Score: _____

Anxiety or Depression

Total Score

Interpretations:

Less than 4
 5-9
 10-14
 15-19
 more than 20

Less than 8
 8-18
 19-28
 29-38
 more than 38

insignificant symptoms
 mild symptoms
 moderate symptoms
 moderate/severe symptoms
 severe symptoms