Major (ICD-10) Depression Inventory

The following questions ask about how you have been feeling over the last two weeks. Please put a tick in the box which is closest to how you have been feeling.

	How much of the time…						
		All the time	Most of the time	Slightly more than half the time	Slightly less than half the time	Some of the time	At no time
1	Have you felt low in spirits or sad?	❑	❑	❑	❑	❑	❑
2	Have you lost interest in your daily activities?	❑	❑	❑	❑	❑	❑
3	Have you felt lacking in energy and strength?	❑	❑	❑	❑	❑	❑
4	Have you felt less self-confident?	❑	❑	❑	❑	❑	❑
5	Have you had a bad conscience or feelings of guilt?	❑	❑	❑	❑	❑	❑
6	Have you felt that life wasn't worth living?	❑	❑	❑	❑	❑	❑
7	Have you had difficulty in concentrating (e.g., when reading the newspaper or watching TV)?	❑	❑	❑	❑	❑	❑
8a	Have you felt very restless?	❑	❑	❑	❑	❑	❑
8b	Have you felt subdued or slowed down?	❑	❑	❑	❑	❑	❑
9	Have you had trouble sleeping at night?	❑	❑	❑	❑	❑	❑
10a	Have you suffered from reduced appetite?	❑	❑	❑	❑	❑	❑
10b	Have you suffered from increased appetite?	❑	❑	❑	❑	❑	❑

Name: _____ Date: _____

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