**Screening Questionnaire**

Patient Study ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender male / female

Depression has many different symptoms and not everyone experiences depression in the same way. We are interested in finding out about **YOU** and **YOUR** experiences.

The following pages ask you a range of questions about your health and well-being, your feelings and your emotions. Unless otherwise stated, please choose only **ONE** response from the options available.

We understand that it is not always easy to choose an option that describes exactly what you are feeling, and if you are unsure of which response to give, please choose the response that comes closest to how you feel

**Please enter today’s date  /  / 20**

**YOUR MOOD**

For each question please give the answer that comes closest to the way you have been feeling. (Please tick one box for each question).

| Over the **last 2 weeks**, how often have you been bothered by the following problems? | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| --- | --- | --- | --- | --- |
| 1. Little interest or pleasure in doing things? | 0 | 1 | 2 | 3 |
| 1. Feeling down, depressed or hopeless? | 0 | 1 | 2 | 3 |
| 1. Trouble falling or staying asleep, or sleeping too much? | 0 | 1 | 2 | 3 |
| 1. Feeling tired or having little energy? | 0 | 1 | 2 | 3 |
| 1. Poor appetite or overeating? | 0 | 1 | 2 | 3 |
| 1. Feeling bad about yourself – or that you are a failure or have let yourself or your family down? | 0 | 1 | 2 | 3 |
| 1. Trouble concentrating on things, such as reading the newspaper or watching television? | 0 | 1 | 2 | 3 |
| 1. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? | 0 | 1 | 2 | 3 |
| 1. Thoughts that you would be better off dead, or of hurting yourself in some way? | 0 | 1 | 2 | 3 |

10. Compared to **2 weeks ago** how have your moods & feelings changed?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I feel a lot better** | **I feel slightly better** | **I feel about the same** | **I feel slightly worse** | **I feel a lot worse** |
| 1 | 2 | 3 | 4 | 5 |

11. Please describe any things that have changed?

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**YOUR MEDICATION**

We know it is sometimes difficult to remember to take medicines and that people sometimes miss doses, or even stop taking their tablets. We are interested in knowing about your experiences of taking your current antidepressant medication.

|  |  |  |
| --- | --- | --- |
| **In the past 4 weeks whilst you have been taking your medication…** |  |  |
| 1. Do you ever forget to take your medicine? | Yes 1 | No 0 |
| 2. Are you careless at times about taking your medicine? | Yes 1 | No 0 |
| 3. When you feel better do you sometimes stop taking your medicine? | Yes 1 | No 0 |
| 4. Sometimes if you feel worse when you take the medicine, do you stop taking it? | Yes 1 | No 0 |
| If you have answered **‘Yes’** to any of the questions above (1-4 ), please answer **question** 5 below. | | |
| 5. In the last 4 weeks did you miss 2 or more days of your medication in a row? | Yes 1 | No 0 |

|  |  |  |
| --- | --- | --- |
| **Other Medication** |  |  |
| 6. Are you currently taking any other anti-anxiety, sleeping medication, including complementary/alternative medications (e.g. St John’s Wort)? | Yes 1 | No 0 |
| 7. If ‘**Yes’** please list medications  ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  ..............................................................................................................................................................  ..............................................................................................................................................................  .............................................................................................................................................................. | | |