

Name _____ Today's Date _____

**PROS-D SCALE:
Depression Self-Assessment**

Circle the number and words that most accurately describe your experience

1. Sad or Depressed Mood
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

2. No Interest In Activities*/People*
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

3. Feeling Guilty*/Worthless*
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

4. Energy Problem (Tiredness*/Fatigue*)
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

5. Concentration Difficulty
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

6. Eating More*/Less*
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

7. Feeling Physically Tense*/Anxious*/Slowed Down*
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

8. Sleeping too Much*/Too Little*/Poorly*
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

9. Thoughts about Suicide*/Death*
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

10. Somatic Symptoms (Physical Aches*/ Pains*)
Absent Mild Moderate Severe Extreme
0 _____ 1 _____ 2 _____ 3 _____ 4 _____

CONTINUED ON BACK.....

Please Answer the Following Questions

1. On this Depression Scale have you rated yourself at 2 or greater on symptoms 1 or 2?
Yes _____ No _____
2. On this Depression Scale, have you rated yourself at 2 or greater on at least 5 symptoms 1-9?
Yes _____ No _____
3. Have your symptoms caused significant distress or limitations in your employment or social functioning?
Yes _____ No _____
4. Are you free from a grieving process (loss of a loved one) that has lasted greater than two months and might be causing your depressive symptoms?
Yes _____ No _____
5. Are you free from drug abuse and/or health problems that might be causing your depressive symptoms?
Yes _____ No _____

If you answered **yes** to all of these questions you may be suffering from Depression (DSM-IV-TR-APA). Your physician or other mental health professional will review your answers, take a medical history and do a mental status examination in order to determine your diagnosis. If you have Depression there are a number of treatments including medications and psychotherapy which can help improve your symptoms.

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