Major Depression Inventory

MAJOR DEPRESSION INVENTORY

Full name: _____ **Date of birth:** _____ dd / mm / yyyy

Clinician's full name: _____ **Date assessed:** _____ dd / mm / yyyy

The following questions ask about how you have been feeling over the last two weeks. Please select the answer that is closest to how you have been feeling.

Example: If you have felt in low spirits or sad slightly more than half of the time during the last two weeks, tick the third button from the left in the first row.

Scale: 5 = All of the time, 4 = Most of the time, 3 = More than half of the time, 2 = Less than half of the time, 1 = Some of the time, 0 = At no time

1. Have you felt in low spirits or sad?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

2. Have you lost interest in your daily activities?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

3. Have you felt lacking in energy and strength?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

4. Have you felt less self confident?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

5. Have you had a bad conscience or feelings of guilt?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

6. Have you felt that life wasn't worth living?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

7. Have you had difficulty in concentrating, e.g. when reading the newspaper or watching television?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

8a. Have you felt very restless?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

8b. Have you felt subdued?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

9. Have you had trouble sleeping at night?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

10a. Have you suffered from reduced appetite?

○ ○ ○ ○ ○ ○
5 4 3 2 1 0

10b. Have you suffered from increased appetite?

5 4 3 2 1 0

Scoring: 20 to 24 = Mild Depression, 25 to 29 = Moderate Depression, 30+ = Severe Depression

Additional Comments