

Depression Inventory (MDI) (ICD-10)

This preliminary screening test does not replace in any way a formal psychiatric or psychological evaluation. If you suspect that you are depressed you should seek help from a health professional regardless of how you score on this screening.

If you are currently having thoughts of harming yourself or someone else please call 911 immediately or call the Comprehensive Care Crisis Line at (800) 928-8000.

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.

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

	How much of the time...	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	Have you felt in low spirits or sad?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2	Have you lost interest in your daily activities?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3	Have you felt lacking in energy and strength?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4	Have you felt less self-confident?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5	Have you had a bad conscience or feelings of guilt?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6	Have you felt that life wasn't worth living?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7	Have you had difficulty in concentrating, e.g. when reading the newspaper or watching television?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8a	Have you felt very restless?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8b	Have you felt subdued?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9	Have you had trouble sleeping at night?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10a	Have you suffered from reduced appetite?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

10b	Have you suffered from increased appetite?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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A score of 4 or 5 in at least two of the first three items **plus** two of the first seven items could indicate mild depression.

Two of the first three items **plus** four of the first seven items could indicate moderate depression.

All of the first three items **plus** five of the first seven items could indicate severe depression.

One of the first two items **plus** five of all nine items could indicate major depression.

For questions 8 and 10 use your response with the highest number response.