

How depression is affecting me

Use this worksheet to check whether and how depression may be affecting you.

1. Screening questions

During the last month, have you often been bothered by feeling down, depressed or hopeless?	YES/NO
During the last month, have you often been bothered by having little interest or pleasure in doing things?	YES/NO



“The main problem I faced was failing to realise that I was suffering with depression, and consequently doing nothing to combat it.” – Rees

If you answer YES to both questions then fill in the warning signs checklist.

2. Check the warning signs

Warning signs	Yes/No?	If yes, how many days in last two weeks? Which ones?
Persistently sad, anxious, empty or generally low mood		
Loss of interest/pleasure in doing things		
Lethargy/decreased energy		
Problems with sleep (including too much)		
Appetite/weight changes		
Increased tearfulness		
Poor concentration/difficulty with decisions		
Hopelessness/pessimism		
Feeling bad about yourself, guilty, or helpless		
Restlessness or being fidgety, or else markedly slowed down		
Thoughts of death or suicide		

Remember that many of these signs are an occasional part of normal life.

But depression may be a factor if you have been

- persistently sad, anxious, empty or low AND
- you have experienced at least 3 or more of the above signs on more than half the days in the last two weeks

Take it seriously and take action – preferably get professional help.

Turn overleaf for a more detailed personal survey to help you assess the specific ways in which depression is affecting you personally.

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3. My daily life and functioning assessment

This detailed personal survey provides a useful inventory of the ways in which depression is affecting your daily functioning.

This is a useful record to show a doctor or other professional. It will also help you choose the most effective strategies for tackling your depression and moving forward.

Life area	Section A: Say if present and give details
Feeling low	
Self-hurting	
Suicidal thoughts	
Feeling bad about yourself	
Feeling hopeless	
Worries about illness	
Feeling unattractive	
Other worries	
Feeling angry	
	Section B: Describe changes
Eating	
Sleeping	
Getting out of the house/your room	
Exercise	
Drinking	
Smoking	
Other substance use	
Ability to study	
Concentration on course	
Concentration on other things	
Getting work done on time	
Being busy in general	
Time with friends	
Going out	
Sexual activity	
Hobbies/societies/other interests	
Ability to do paid work (if relevant)	
Finances	
Any other relevant area	

