Please Mark "Yes" or "No" If You Have Experienced Any of These	YES	NO
Symptoms in the Last 30 Days		
Minimal interest or fulfillment in doing things		
2. Feeling sad, blue, or disheartened		
3. Difficulty getting to sleep or staying asleep		
4. Sleeping too much		
5. Feeling tired or having minimal amount of energy and/or strength		
6. Eating too much		
7. Not having an appetite		
8. Feeling lonely		
9. Avoiding pleasurable activities		
10. Chronic illness and/or pain		
11. Low self-esteem		
12. Feeling guilt or shame		
13. Lacking value or feeling worthless		
14. Crying, weeping, or sobbing spells		
15. Unable to concentrate on things (such as reading a book or		
watching television)		
16. Having excessive restlessness or fidgeting		
17. Thoughts of dying		
18. Having a plan to harm yourself		
19. Lack of motivation		
20. Having a hard time making decisions		