



# Activate Therapy



## Depression and Anxiety

### Questionnaire

	Over the last <b>2 weeks</b> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
3	Feeling tired of having little energy	0	1	2	3
4	Poor appetite, or overeating	0	1	2	3
5	Feeling bad about yourself, or that you are a failure or have let yourself or your family down	0	1	2	3
6	Trouble concentrating on things, such as reading the newspaper or watching TV	0	1	2	3
7	Moving or speaking so slowly that other people could have noticed? Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
8	Thoughts that you would be better off dead, or hurting yourself in some way	0	1	2	3

<b>Depression Scale Total</b>	
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	Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1	Feeling nervous, anxious or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless it's hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid as if something awful might happen	0	1	2	3

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<b>Anxiety Scale Total</b>	
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