

## Major Depression Inventory

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