

Psychological Assessment Form for Depression

A **psychological assessment form sample for depression** is designed to systematically evaluate an individual's mental health status and identify symptoms of depression. It includes standardized questions and scales to measure emotional, cognitive, and behavioral indicators. This form aids clinicians in diagnosing depression and planning effective treatment strategies.

Patient Information

Full Name:

Date of Birth:

Date of Assessment:

Clinician Name:

Current Symptoms

1. During the past two weeks, how often have you been bothered by any of the following problems?

- Little interest or pleasure in doing things.
- Feeling down, depressed, or hopeless.
- Trouble falling or staying asleep, or sleeping too much.
- Feeling tired or having little energy.
- Poor appetite or overeating.
- Feeling bad about yourself - or that you are a failure or have let yourself or your family down.
- Trouble concentrating on things, such as reading the newspaper or watching television.
- 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."
- Thoughts that you would be better off dead or of hurting yourself in some way.

Functional Assessment

10. If you checked off any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all



Additional Comments / Observations

Enter any additional relevant information, notes, or observations here.

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