

## ADULT DEPRESSION SCREENING FORM

1. The value for each answer is indicated below. Add the total across and enter that value in the box at the end of each line. *Please note that column one for each section will always score zero points, column two will score 1 point, etc.*
2. For each section, add all the numbers down in the far right-hand column and record the total in the box marked "Total Score."
3. The total for questions 1-10 is the **HANDS score**. The total for questions 11-13 is the **Bipolar Score**.

<b>THE HANDS™ SCREENING TOOL</b> (The Harvard Department of Psychiatry/National Depression Screening Day Scale)					
Over the past <u>two weeks</u> , how often have you:	None or little of the time	Some of the time	Most of the time	All of the time	Total
1. been feeling low in energy, slowed down?	0	1	2	3	
2. been blaming yourself for things?	0	1	2	3	
3. had poor appetite?	0	1	2	3	
4. had difficulty falling asleep, staying asleep?	0	1	2	3	
5. been feeling hopeless about the future?	0	1	2	3	
6. been feeling blue?	0	1	2	3	
7. been feeling no interest in things?	0	1	2	3	
8. had feelings of worthlessness?	0	1	2	3	
9. thought about or wanted to commit suicide?	0	1	2	3	
10. had difficulty concentrating or making decisions?	0	1	2	3	

Never	More than 6 months ago	In the Past 6 months	Total
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**Have you ever had:** (choose all that apply)

11. a <u>week or more</u> of sustained, unusually elevated mood (like a "high"), out-of-control behavior (such as risky sex, over-spending), racing thoughts, and little need for sleep?	0	1	2	
12. a <u>week or more</u> of sustained, excessively irritable mood, with anger, arguments, or breaking things, that led to difficulties with others?	0	1	2	

**Have you ever had:**

	No	Yes	
13. any close blood relative (parent, child, sister, brother) with depression, manic-depression, alcohol abuse, or who needed psychiatric hospitalization?			
<b>Total Score</b>			