

QUESTIONNAIRE FOR DEPRESSION

| Please answer below questionnaire truthfully | YES | NO |
|--|-----|----|
| 1. Do you have poor concentration? | | |
| 2. Do you have a poor memory? | | |
| 3. Have you lost interest in previously pleasurable activities such as socializing or hobbies? | | |
| 4. Do you have a low self-esteem? | | |
| 5. Do you have mood swings? | | |
| 6. Do you get aggressive / tearful easily? | | |
| 7. Is your libido (sex drive) lower than it should be? | | |
| 8. Are your energy levels low during the day | | |
| 9. Do you feel dissatisfied or anxious most of the time? | | |
| 10. Do you have sleeping problems (sleep too much or too little?) | | |
| 11. Do you often wake up during the night and find it difficult to go back to sleep for some | | |
| 12. Has your appetite changed? (too much or too little or junk food) | | |
| 13. Has your weight changed recently? | | |
| 14. Do you ever feel 'empty' or wonder if life is worth iving? | | |
| 15. Do you find that you crave certain foods (chocolate/sweets/bread etc)? | | |
| 16. Is there a history of depressive symptoms in your family? (alcoholism, drug abuse, suicide?) | | |

IF YOU ANSWER YES TO MANY OF THE ABOVE QUESTIONS, YOU MAY HAVE DEPRESSION. THIS REQUIRES TREATMENT (SSRI'S), AS DEPRESSION CAN CAUSE CHANGES IN WEIGHT, AND SABOTAGE EFFORTS TO EAT HEALTHILY.

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