

Thank you for contacting The JEM Foundation. We are glad you are here. Please answer each question as honestly as possible, there is no judgement. This test is for you to complete and take to your doctor to determine if you are struggling with depression. If you suspect you are dealing with a mental illness, always follow up with your family doctor, counselor, psychologist, or psychiatrist, do not attempt to self-diagnose. If you are feeling suicidal or desperate in any way, contact 911 or the National Suicide Hotline immediately at 1-800-273-8255. Never forget that YOU matter and YOU are NOT alone!

1. When I think of the future it seems hopeless or bleak

- Never
- Once in a while
- Frequently
- All the time

2. I am slow to start or complete tasks

- Never
- Once in a while
- Frequently
- All the time

3. Decision making is difficult, I feel like my brain is in a fog

- Never
- Once in a while
- Frequently
- All the time

4. I have lost interest in once important aspects of my life

- Never
- Once in a while
- Frequently
- All the time

5. I feel little fun or joy in my life

- Never
- Once in a while
- Frequently
- All the time

6. I am restless and easily agitated

- Never
- Once in a while
- Frequently
- All the time

7. I feel fatigued and exhausted

- Never
- Once in a while
- Frequently
- All the time

8. I feel like I have failed

- Never
- Once in a while
- Frequently
- All the time

9. I feel like I am not living, I am just existing

- Never
- Once in a while
- Frequently
- All the time

10. I have sleep issues; not enough, sleeping too much, or frequently waking in the night

- Never
- Once in a while
- Frequently
- All the time

11. I think about ways I might kill myself

- Never
- Once in a while
- Frequently
- All the time

12. I lose or gain weight without trying

- Never
- Once in a while
- Frequently
- All the time

13. I believe everyone would be better off without me

- Never
- Once in a while
- Frequently
- All the time

14. I frequently harm myself (cutting, burning, etc.)

- Never
- Once in a while
- Frequently
- All the time

15. I have little to no energy

- Never
- Once in a while
- Frequently
- All the time

*Don't forget to print this assessment to take to your doctor, or complete on your device and e-mail to your provider.*