



Depression Screening

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Add 0 + _____ + _____ + _____

= Total Score: _____



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


- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult


The total score is computed by first producing a sum for each column (e.g., each item chosen in column "More than half the days" = 2), then adding the column totals. Total scores range from 0 to 27 and indicate the following levels of depression severity:

Total Score	Depression Severity
0-4	None
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

If you scored 10 or above on the entire screening, or 1 or above on question #9, you are recommended to seek further evaluation from your healthcare provider or Caterpillar's Employee Assistance Program.

For confidential support, free of charge, contact Caterpillar's **Employee Assistance Program (EAP)**:

 **1-866-228-0565**

 **1-309-820-3604**

 **CaterpillarEAP.com**

For global access numbers by country

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