Depression Symptoms and Life Impact Checklist

A clinical conversation guide for adults and helping professionals

Purpose: This checklist helps organize a conversation about depressive symptoms, changes in daily functioning, and the need for additional support. It is not a validated diagnostic instrument and does not establish a depressive disorder diagnosis.

Instructions

Complete the checklist based on the past two weeks. Consider changes from your usual level of functioning as well as the frequency and effect of each experience.

0	1	2	3	4
Never	Rarely	Sometimes	Often	Almost always

#	Statement	0	1	2	3	4
1	I have felt sad, low, empty, or emotionally numb.	○	○	○	○	○
2	Activities or relationships that usually matter to me have felt less interesting or rewarding.	○	○	○	○	○
3	My energy has been lower than usual, or ordinary tasks have required unusual effort.	○	○	○	○	○
4	My sleep has been disrupted by difficulty falling asleep, staying asleep, waking early, or sleeping too much.	○	○	○	○	○
5	My appetite or weight has changed noticeably without intending it.	○	○	○	○	○
6	I have felt slowed down, restless, agitated, or unable to settle.	○	○	○	○	○
7	I have had difficulty concentrating, remembering, organizing, or making decisions.	○	○	○	○	○
8	I have been unusually self-critical or have felt worthless, guilty, hopeless, or like a burden.	○	○	○	○	○
9	Depressive symptoms have interfered with work, school, caregiving, household tasks, or other responsibilities.	○	○	○	○	○
10	I have withdrawn from people, activities, routines, or sources of support.	○	○	○	○	○
11	I have had difficulty caring for my health, hygiene, nutrition, finances, or living environment.	○	○	○	○	○
12	Alcohol, drugs, excessive screen use, or other behaviors have become ways of escaping how I feel.	○	○	○	○	○
13	I have thought that life is not worth living, wished I would not wake up, or thought about harming myself.	○	○	○	○	○
14	Physical illness, medication changes, grief, trauma, or another major stressor may be contributing to these changes.	○	○	○	○	○
15	Someone close to me or a health professional has expressed concern about my mood or functioning.	○	○	○	○	○
16	I am willing to discuss one specific support, safety step, or next action with a qualified professional or trusted person.	○	○	○	○	○

Clinical Review

Use the responses to locate patterns, functional effects, and the next clinically appropriate conversation.

1. Review by domain

Domain	Items	Clinical focus
Depressive experience	Items 1-6	Look for low mood, reduced interest, low energy, changes in sleep or appetite, and psychomotor slowing or agitation.
Cognitive and life impact	Items 7-12	Look for impaired concentration, self-criticism or hopelessness, disrupted responsibilities, withdrawal, reduced self-care, and avoidant coping.
Safety and next steps	Items 13-16	Assess self-harm or suicide risk directly; then consider contributing conditions, outside concern, and readiness for support.

2. Interpretation

This checklist intentionally has no diagnostic cutoff. A total score can obscure the most important information. Review which individual items were marked Often or Almost always, whether symptoms represent a meaningful change, and whether the pattern indicates impaired functioning, increasing isolation, medical or substance-related contributors, or a need for formal assessment.

> Clinical caution: Any endorsement of Item 13 requires prompt, direct assessment of suicidal thinking, intent, planning, access to lethal means, past attempts, and protective factors. Imminent danger requires emergency intervention and appropriate crisis or emergency resources.

3. Discussion prompts

- Which change concerns you most, and when did it begin?
- What has become harder to do, and what remains possible?
- What circumstances make the symptoms better or worse?
- Who has noticed a change, and what have they observed?
- What support has helped, even briefly, in the past?
- What is one observable next step toward safety, connection, or restored functioning?

4. Notes and next step

Primary concern:

Change from usual functioning:

Immediate safety consideration:

Agreed next step:

Follow-up date: