

**YOUR DEPRESSION
ANALYSIS**

**Depression Assessment
Recommended**

**DEPRESSION
SYMPTOMS**

**You Reported
5 Common Symptoms
of Depression**

**DEPRESSION
RISK FACTORS**

**You Reported
9 Common Risk Factors
for Depression**

Based on the frequency of your symptoms, more screening for depression is recommended.

Depression is a common condition that can only be diagnosed by a professional.

- Based on your answers, you should talk to a professional about your symptoms.
- No two people are affected the same way by depression, and there is no one-size-fits-all treatment.
- Even the most severe cases of depression can be treated. The sooner treatment begins, the better it works.

Symptoms during the past 2 weeks:	Your Answer
Little interest or pleasure in doing things	<i>Nearly every day</i>
Feeling down, depressed, or hopeless	<i>Nearly every day</i>

Other symptoms on more than half the days during the past 2 weeks:	Your Answer
Trouble falling asleep, staying asleep, or sleeping too much	<i>No</i>
Poor appetite or overeating	<i>Yes</i>
Feeling tired or having little energy	<i>Yes</i>
Feeling bad about yourself (for example, that you are a failure, or have let yourself or others down)	<i>No</i>
Trouble concentrating (such as when reading a book or watching television)	<i>Yes</i>
Moving or speaking slowly, or being fidgety or restless	<i>No</i>

What is Depression?

We all feel sad or down sometimes. But if daily life becomes too difficult, or if feelings of sadness stick around too long, it might be depression.

Depression is a mood disorder that can cause someone to feel overly sad, tired, irritable, hopeless, or uninterested in daily life. It's a common condition with many different symptoms. It's often treated with therapy, medication, lifestyle changes, or a combination of the three. The sooner treatment begins, the better it works.

Results

Lowering Your Risk of Depression

Some factors increase the chances of someone developing depression. A few are listed in the table to the right.

The good news is that there are also things that can lower the risk of depression. These include:

- Strong connections to family or friends
- Community support
- Fellowship with cultural or religious groups
- Clinical care and support for both mental and physical health

Help is Available Day & Night

Dial **9-8-8** to call the National Suicide Prevention Lifeline if you're in crisis. Calls are confidential and free.

A skilled, trained crisis worker will listen to you and tell you about mental health services in your area.

More information about suicide prevention is available from the National Institute of Mental Health (NIMH) and the Centers for Disease Control and Prevention (CDC).

DEPRESSION RISK FACTORS

**You Reported
9 Common Risk Factors
for Depression**

Depression Risk Factors:	Your Answer
Prior depression	No
Family history of depression	Yes
Repeated negative thoughts	Yes
Chronic pain	No
Chronic medical condition	Yes
Traumatic brain injury	No
Current or recent pregnancy	Yes
Recent weight change	Yes
Severe obesity	Yes
Low income	No
Moderate to high stress levels	Yes
Low self-esteem	Yes
Limited emotional support	No
Major life event or change	Yes

About this assessment

This depression assessment uses the Patient Health Questionnaire (PHQ-2) depression scale. It helps determine who should undergo additional screening for depression. The PHQ family of measures, including abbreviated and alternative versions, were developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

Symptom Journal

Week 1 Symptoms:	Day 1 or Sun.	Day 2 or Mon.	Day 3 or Tue.	Day 4 or Wed.	Day 5 or Thu.	Day 6 or Fri.	Day 7 or Sat.
Little interest or pleasure in doing things							
Feeling down, depressed, or hopeless							
Trouble falling or staying asleep, or sleeping too much							
Poor appetite or overeating							
Feeling tired or having little energy							
Feeling bad about yourself							
Trouble concentrating on things							
Moving or speaking slowly or being fidgety or restless							

Week 2 Symptoms:	Day 8 or Sun.	Day 9 or Mon.	Day 10 or Tue.	Day 11 or Wed.	Day 12 or Thu.	Day 13 or Fri.	Day 14 or Sat.
Little interest or pleasure in doing things							
Feeling down, depressed, or hopeless							
Trouble falling or staying asleep, or sleeping too much							
Poor appetite or overeating							
Feeling tired or having little energy							
Feeling bad about yourself							
Trouble concentrating on things							
Moving or speaking slowly or being fidgety or restless							

Symptoms of depression may change over time. Not everyone with depression experiences every symptom, and the severity of symptoms is different from person to person too. If you are experiencing symptoms not listed in this journal, follow the same format and track them on the reverse of this page.

NOTICE: Health assessments are based on averages from studies of large groups of people.

Your situation may be different. It is important to discuss your personal situation with your health care provider. This assessment is not intended to replace medical advice from your health care provider, but rather help you set health goals and make healthy lifestyle decisions.

DISCLAIMER

THE INFORMATION CONTAINED IN THE RISK ASSESSMENT IS FOR YOUR PERSONAL USE ONLY. THIS RISK ASSESSMENT WILL NOT PROVIDE YOU WITH A MEDICAL SERVICE; IT WILL NOT DIAGNOSE, CURE, MITIGATE, TREAT, OR PREVENT DISEASE OR OTHER CONDITIONS; AND IT IS NOT INTENDED TO PROVIDE A DETERMINATION OR ASSESSMENT OF YOUR STATE OF HEALTH. ALWAYS CONSULT A LICENSED HEALTH CARE PROFESSIONAL SUCH AS YOUR FAMILY PHYSICIAN OR A SPECIALIST TO MAKE HEALTH CARE DECISIONS OR BEFORE STARTING ANY DIET OR EXERCISE PROGRAM. WE MAKE NO WARRANTIES, EXPRESSED OR IMPLIED, IN CONNECTION WITH THE RISK ASSESSMENT OR THE PERFORMANCE OF THE RISK ASSESSMENT, AND NEITHER THE ASSESSMENT PROVIDER, NOR MEDICOM HEALTH INTERACTIVE, WILL BE HELD RESPONSIBLE OR LIABLE FOR ANY COSTS OR DAMAGES RELATED TO USE OF THE RISK ASSESSMENT OR ANY INFORMATION PROVIDED THEREFROM.

Name: _____ mm-dd-yyyy

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To find a primary care doctor, call 1-800-555-5555 and we'll help find a doctor to fit your needs. For more information about our health services, call 1-877-555-0000 or visit www.mtgeneralmemorial.org/services.

Mt. General Memorial Clinic

5431 Lake Drive, Minneapolis MN 55401
1-877-555-0000

OUR HOSPITALS

Mt. General Memorial Hospital
2928 Fifth Ave. SW, Edina, MN 53802
(555) 555-1100

Mt. General Memorial Regional Medical Center

982 West Poplar Drive, St. Paul, MN 50013
(555) 555-2100

Mt. General Memorial Community Hospital

4110 South Virago Parkway, Rush City, MN 59545
(555) 555-3100

Mt. General Memorial North Franklinburg Hospital

890 SE 57th St., Franklinburg, MN 56782
(555) 555-4100

Mt. General Memorial Lakeport Hospital

524 SW Monarch St., Lakeport, MN 57653
(555) 555-5100

YOUR DEPRESSION ANALYSIS

primaryResult

Depression Assessment
Recomended

recommended

Tell a Doctor About
Your Symptoms

not_recommended_symptomatic

Keep a
Symptom Journal

not_recommended_asymptomatic

DEPRESSION SYMPTOMS

You Reported
Common Symptoms
of Depression

depressionSymptomCount >=1

You Didn't Report
the Common Symptoms
of Depression

depressionSymptomCount = 0

DEPRESSION RISK FACTORS

You Reported
Common Risk Factors
for Depression

depressionRiskFactorCount >= 1

You Didn't Report
Common Risk Factors
for Depression

depressionRiskFactorCount = 0

Symptoms during the past 2 weeks:	Your Answer
Little interest or pleasure in doing things	<i>Nearly every day</i>

Feeling down, depressed, or hopeless	<i>Nearly every day</i>
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Other symptoms <i>on more than half the days</i> during the past 2 weeks:	Your Answer
Trouble falling asleep, staying asleep, or sleeping too much	<i>No</i>
Poor appetite or overeating	<i>Yes</i>
Feeling tired or having little energy	<i>Yes</i>
Feeling bad about yourself <i>(for example, that you are a failure, or have let yourself or others down)</i>	<i>No</i>
Trouble concentrating <i>(such as when reading a book or watching television)</i>	<i>Yes</i>
Moving or speaking slowly, or being fidgety or restless	<i>No</i>

lowInterestFrequency

hopelessFrequency

problems1_sleepDisturbances

problems1_appetiteProblems

problems1_fatigue

problems1__feelingBad

problems2_concentration

problems2_slow OR problems2_restlessness

Not at all
Several Days
More than half the days
Nearly every day

No

Yes

for problems2_slow OR problems2_restlessness if EITHER is “yes” display Yes in the column above. If BOTH are “no”, display No.

Depression Risk Factors:	Your Answer
Prior depression	No
Family history of depression	Yes
Repeated negative thoughts	Yes
Chronic pain	No
Chronic medical condition	Yes
Traumatic brain injury	No
Current or recent pregnancy	Yes
Recent weight change	Yes
Severe obesity	Yes
Low income	No
Moderate to high stress levels	Yes
Low self-esteem	Yes
Limited emotional support	No
Major life event or change	Yes

historyRisk_self

historyRisk_family

emotionalRisk_negative

physicalRisk_chronicPain

physicalRisk_chronicIllness

physicalRisk_tbi

pregnant (answers: Yes, No, N/A)

physicalRisk_weightChange

yes if bmi >=40, no if bmi < 40

otherRisk_lowIncome

Yes if stress = 'moderate' OR 'extreme', No if else

emotionalRisk_selfEsteem

emotionalRisk_noEmotionalSupport

otherRisk_lifeEvent

No

Yes

N/A

Result Messaging
Please check Lucidchart for longest version

Main Message:

<https://www.lucidchart.com/documents/edit/0104acf6-da6e-4c72-8a4e-633719f31cb3/1>

Bullets

<https://www.lucidchart.com/documents/edit/0104acf6-da6e-4c72-8a4e-633719f31cb3/2>

Data Dictionary

<https://www.dropbox.com/s/vvvw0t1dwgtzjzz/depression%20v3%20data%20dictionary.xlsx?dl=0>