

Appendix 1

Symptoms of depression: your weekly rating form

Week: _____

Which symptoms have you noticed this week?

Use a red highlighter pen to mark the symptoms that bother you most or all of the time, a yellow pen to mark those that bother you some of the time and a green pen to identify those that do not bother you. If you don't have coloured highlighter pens, draw a circle around the symptoms your experience most regularly, underline those that you experience sometimes and leave the symptoms that don't bother you unmarked.

Describe the main events and people that relieved symptoms this week:

Describe the main events and relationships that triggered symptoms this week:

| | | | |
|----------------------------|-----------------------------|---------------------------------|----------------------------------|
| Sadness | Little interest | No enjoyment | Poor motivation |
| Waking up during the night | Cannot get to sleep | Do not want to see other people | Cannot concentrate |
| Hopelessness | Forgetful | Overeating | Cannot make decisions |
| No appetite | Lost weight | Waking early | Feeling life is not worth living |
| Always tired | Feeling slowed down | Want to die | Difficulty at work |
| Feeling guilty | Feeling agitated or on edge | Blame myself for everything | Easily confused |
| Feeling irritable | Feeling bad about myself | Feel I have let others down | Sleep too much |