

**DEPRESSION ASSESSMENT REPORT**

Claimant's Name: .....  
 Claim No: .....

**Biological**

Symptom/Sign	Severity			
	Not present	Mild	Moderate	Severe
Early morning waking				
Initial insomnia				
Excessive unrefreshing sleep				
Loss of appetite (or hyperphagia)				
Loss of weight (or gain)				
Loss libido				
Diurnal mood variation (worse on waking)				
Psychomotor retardation				

**Appearance**

Symptom/Sign	Severity			
	Not present	Mild	Moderate	Severe
Unkempt				
Depressed facial appearance (downward gaze)				
Reduced gestures				
Tearfulness				
Poor eye contact				

**Speech**

Symptom/Sign	Severity			
	Not present	Mild	Moderate	Severe
Slow				
Hesitant				
Monotone				

**Intellect**

Symptom/Sign	Severity			
	Not present	Mild	Moderate	Severe
Decreased attention/concentration				
Poor memory				

**Mood**

Symptom/Sign	Severity			
	Not present	Mild	Moderate	Severe
Low/sad				
Non-reactive mood (does not react to circumstances)				
Lacks interest hobbies and other social activities				
Anxiety, irritable, agitation				

**Morbid/Pessimistic Thoughts**

Symptom/Sign	Severity			
	Not present	Mild	Moderate	Severe
Concerned with past – unreasonable guilt/self blame				
Pessimism				
Low self esteem				
Ideas hopelessness				
Life not worth living				
Suicide thoughts				

**Psychotic**

Symptom/Sign	Severity			
	Not present	Mild	Moderate	Severe
Delusions				
Hallucinations (often self derogatory)				
Feelings of persecution				

**Comments:**

Doctors Signature .....