

High-Functioning Depression Test

Name: Cate Lanson Age: 31

Please read each statement and check the box that best describes your experience over the past two weeks, according to the scale below:

0 Not at all	1 Several days	2 More than half the days	3 Nearly every day
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	0	1	2	3
1. I feel tired or have little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. I feel hopeless or pessimistic about the future.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. I struggle with feelings of worthlessness or excessive guilt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. I have difficulty concentrating or making decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5. I have little interest or pleasure in doing things I used to enjoy.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I experience changes in my sleeping patterns (too much or too little).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. I have changes in my appetite or weight (increase or decrease).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8. I feel restless or have trouble sitting still.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9. I have thoughts of death or self-harm.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Even when I accomplish something, I feel unfulfilled or unsatisfied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Total:	25			

Interpretation and assessment

Get your total score. Scores fall into different classifications:

- **0-9:** Minimal or no symptoms
- **10-14:** Mild symptoms
- **15-21:** Moderate symptoms
- **22-30:** Severe symptoms

Note: This test is not backed by research, and it is best used by a mental health professional for screening. This test does not provide a definitive diagnosis of high-functioning depression.

Additional notes

This score falls under severe symptoms (22-30). Cate is struggling with persistent fatigue, hopelessness, guilt, and a lack of pleasure or motivation. Their sleeping and eating patterns have also shifted, with restless behavior occurring more frequently. Although thoughts of self-harm are present only occasionally, these symptoms indicate a significant disruption to Cate's daily functioning. Given the severity of these symptoms, Cate may benefit from immediate intervention, such as psychotherapy, medication, or lifestyle changes. It would be advisable to refer Cate to a mental health professional to develop a tailored treatment plan and provide support.