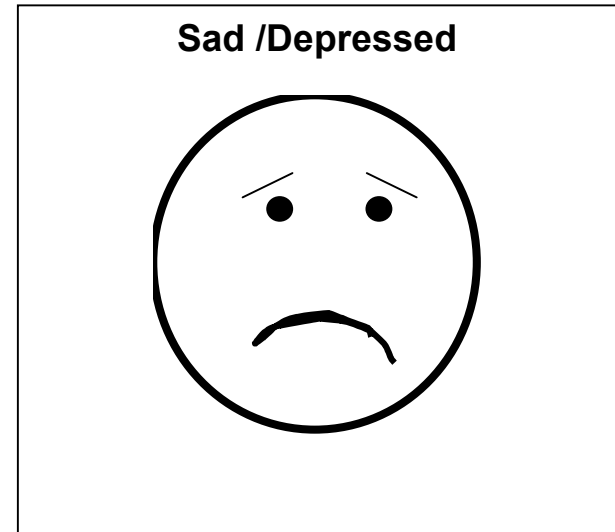


YES



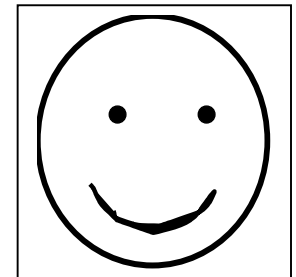
NO

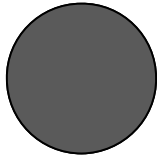


Which picture shows
**sadness/
depression?**

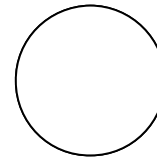
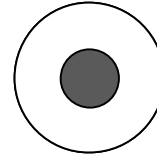
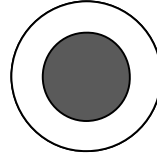
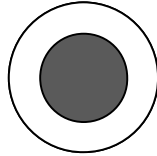
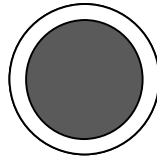


Which picture shows
**no sadness/
no depression?**

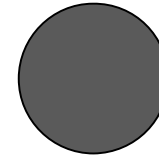
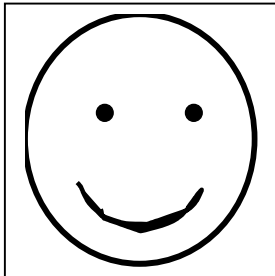




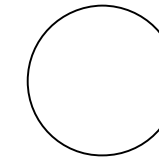
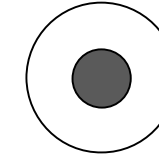
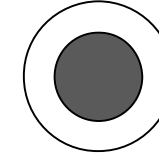
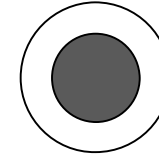
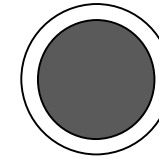
Most severe



None



Most severe

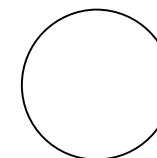
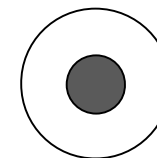
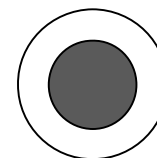
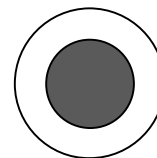
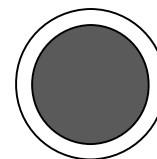
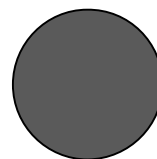
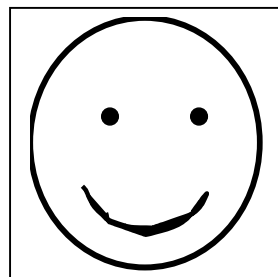
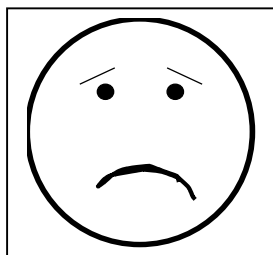


None

Do you feel
sad
or
depressed?

YES

NO



Most severe

None

SCRIPT FOR ADMINISTERING THE DISCS

Patents Name: _____

Hospital Nr: _____

Date of assessment: _____

Name of Assessor: _____

1. Please can you point at " Yes"
2. Now, please can you point at " No"
3. Which picture shows sadness or depression?
4. Which picture shows no sadness or depression?
5. Here are some circles, can you point at each of the circles please.
6. This is a sadness / depression scale

The grey circles show how sad or depressed you feel.

The top circle (completely shaded) shows sadness or depression as bad as it can be.

The bottom circle (completely clear) shows no sadness or depression.

As you go from the top circle to bottom circle you can see that sadness or depression is becoming less and less (point whilst giving instructions).

7. Do you feel sad or depressed?
8. Which of these circles best shows how sad or depressed you feel?

SCRIPT FOR SCORING THE DISCS

- Score yes/no answers by ticking the box next to the answer patient gives.
- Score Q 5 by ticking boxes next to all the circles the patient points at.
- Score Q8 by ticking the box next to the disc patient chooses.















1. Yes No
2. Yes No

3. Indicates picture with a "sad" face Yes No

Comments:.....

4. Indicates picture with a "happy" face Yes No

Comments:.....

- | | | |
|---|---|---|
| <ol style="list-style-type: none"> 5.  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> | <ol style="list-style-type: none"> 7. Yes <input type="checkbox"/> No <input type="checkbox"/> | <ol style="list-style-type: none"> 8.  5 <input type="checkbox"/>  4 <input type="checkbox"/>  3 <input type="checkbox"/>  2 <input type="checkbox"/>  1 <input type="checkbox"/>  0 <input type="checkbox"/> |
|---|---|---|

Comments:.....

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