

Risk Assessment Inventory: Major Depression

The ID Team should consider the need to address any identified risk factor including further evaluation by the approved professional or clinical team.

Personal Risk Factors

<input type="checkbox"/> if Present	Risk Factor
<input type="checkbox"/>	Loss of interest in things you used to enjoy, including sex
<input type="checkbox"/>	Feeling sad, blue, or "down in the dumps"
<input type="checkbox"/>	Feeling slowed down or restless and unable to sit down
<input type="checkbox"/>	Feeling worthless or guilty
<input type="checkbox"/>	Changes in appetite or weight (loss or gain)
<input type="checkbox"/>	Thoughts of death or suicide; suicide attempts
<input type="checkbox"/>	Problems concentrating, thinking, remembering, or making decisions
<input type="checkbox"/>	Trouble sleeping or sleeping too much
<input type="checkbox"/>	Loss of energy or feeling tired all of the time
<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Other aches and pains
<input type="checkbox"/>	Sexual problems
<input type="checkbox"/>	Digestive problems (upset stomach, etc.)
<input type="checkbox"/>	Feeling pessimistic or hopeless
<input type="checkbox"/>	Being anxious or worried

Consumer: _____ Date _____