

## Depression Screening (MIPS Measure 134)

Name:

DOB:

Date:

Please note: This information is now required by the federal government for the MIPS reporting. Please report accurately.

Depression:

- I have an active diagnosis of depression or Bi-Polar disorder and am currently under a physician's care.
- I am willing to participate. (Please complete the 10 questions below.)
- I prefer not to report.

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Signature

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Date

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### The Depression Scale (DEPS)

Below is a list of statements concerning you. Please circle one of the numbers to the right that best describes your mood during the past month. This tool is not suitable for people under 18.

During the last month I have...	Not at all	A Little	Quite a lot	Extremely
1. Suffered from insomnia	1	2	3	4
2. Felt blue	1	2	3	4
3. Felt everything was an effort	1	2	3	4
4. Felt low in energy or slowed down	1	2	3	4
5. Felt lonely	1	2	3	4
6. Felt hopeless about the future	1	2	3	4
7. Not got any fun of life	1	2	3	4
8. Had feelings of worthlessness	1	2	3	4
9. Felt all pleasure and joy has gone from life	1	2	3	4
10. Felt that I cannot shake off the blues even with help from family and friends	1	2	3	4