

Neurological Disorders Depression Inventory

Please have PATIENT fill out

For the statements below, please circle the number that best describes you over the last two weeks including today.

	Always or Often	Sometimes	Rarely	Never
Everything is a struggle	4	3	2	1
Nothing I do is right	4	3	2	1
Feel guilty	4	3	2	1
I'd be better off dead	4	3	2	1
Frustrated	4	3	2	1
Difficulty finding pleasure	4	3	2	1

Depression should be evaluated if score ≥ 16