

Contact Helpline: 9307282052

QUESTIONNAIRE FOR DEPRESSION

Case Record

Confidential	DATE:		REG. NO.:	
NAME				
AGE		SEX:	RELIGION:	
FATHER'S/MOTHER'S NAME			,	
TELEPHONE/MOBILE				
WORK PLACE/CLASS				
E-MAIL				
ADDRESS				
DIAGNOSIS				
REFFERD BY				
Any other Information to share				

	Note: Read and reply all the questions correctly and briefly.
1.	What is the reason of your depression? Please specify (if any) your relationship with the person with whom you have strained relation or is the cause of your problem?
Ansı	ver:
2.	For how long are you able to sleep when depressed?
Ansv	ver:
3. Ansv	How much anger do you experience? For how long you remain in a fit of anger?
4. Ansv	What do you do during the time you are angry? Either use abusive language or throws things etc.
5. Ansv	Do you repent for whatever you did while you were angry? ver:
6. Ansv	If yes, after what period of time do you repent?

7.	Do you like to talk to someone or keep quiet during depression?
Ansv	ver:
8.	Do you like solitude or company during depression?
Ansv	ver:
9.	When you are depressed do you feel like going to work or you prefer to stay at home?
Ansv	ver:
10.	How much do you cry when depressed?
Ansv	ver:
	If someone consoles you how do you feel?
Ansv	ver:
	Do you feel like eating or do you lose your appetite while you are depressed?
Ansv	ver:

13. Does your depression have any relation with your menstrual cycle i.e. do you get depressed just before, after or during the menstruation? (For Females)
Answer:
14. Any other problem you want to share or discuss.
Answer: