

## From your totals on lines A and B:

### If A is 7 or less - and - B is 0...

You may not need help at this time, but if you are worried about any of your "yes" answers, please talk with an adult you trust.

### If A is 8 or more - or - B is 1-3...

You may be experiencing depression which is an illness that can affect anyone, but help is available. **You don't have to feel this way.** Please talk with an adult you trust (parent, relative, teacher, counselor, religious or spiritual leader).

for information about help, call

**586-307-9100**

this line is open 24 hours and  
collect calls are accepted.



Macomb County Community Mental Health  
is supported and funded, in part, by the  
Macomb County Board of Commissioners

how blue  
are you?



## this card is for your private use

Everyone feels blue or depressed  
sometimes, but if these painful  
feelings won't go away,  
you may need help to feel better.

The questions inside can help you  
decide if it's time to ask for help.

In the **past 6 months** were there **more times than usual** when you...

- |  |    |     |
|--|----|-----|
| 1..... were grouchy or easily angered?.....  | no | yes |
| 2..... felt nothing was fun, even the things you used to like? .....                             | no | yes |
| 3..... weren't interested in anything and felt bored?.....                                       | no | yes |
| 4..... did not feel like eating at all?.....   | no | yes |
| 5..... wanted to eat more than usual?.....   | no | yes |
| 6..... had trouble sleeping (either falling asleep or staying asleep)?.....                      | no | yes |
| 7..... slept a lot more than usual?.....   | no | yes |
| 8..... talked less or felt a lot less active? .....  | no | yes |
| 9..... were very restless and just had to keep moving around? .....                              | no | yes |
| 10... seemed to have less energy, like it was a big effort to do<br>anything?.....               | no | yes |
| 11.... blamed yourself for a lot of things and felt like you<br>couldn't do anything right?..... | no | yes |
| <hr/>  |    |     |
| 12... had trouble paying attention to your school work or other<br>activities?.....              | no | yes |
| 13... were not able to concentrate or think clearly?.....  | no | yes |
| 14 ... had a hard time making up your mind about things? .....                                   | no | yes |
| 15... felt alone? .....  | no | yes |
| 16 ... felt very sad?.....   | no | yes |
| 17... felt hopeless? .....   | no | yes |
| <hr/>  |    |     |
| 18 ... have you ever purposely done something dangerous or<br>hurtful to your body?.....         | no | yes |
| 19 ... have you ever had serious thoughts about killing yourself? .....                          | no | yes |
| 20 .. have you ever tried to kill yourself? .....  | no | yes |

Write the number of "yes" answers for questions 1-17 ..... **A:** \_\_\_\_\_

Write the number of "yes" answers for questions 18-20 ..... **B:** \_\_\_\_\_