

Seasonal Affective Disorder Quiz



READ EACH STATEMENT AND ANSWER YES OR NO.

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|----|--|---------------------------------|--------------------------------|
| 01 | DO YOU FEEL NOTICEABLY MORE TIRED OR HAVE LOW ENERGY DURING THE FALL OR WINTER MONTHS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 02 | HAVE YOU LOST INTEREST IN ACTIVITIES YOU USUALLY ENJOY DURING COLDER SEASONS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 03 | DO YOU TEND TO OVERSLEEP OR HAVE TROUBLE GETTING OUT OF BED IN THE MORNING, WITH DECREASED ENERGY LEVELS THROUGHOUT THE DAY? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 04 | DO YOU EXPERIENCE INCREASED FOOD CRAVINGS - OR CONVERSELY HAVE A POOR APPETITE - WHEN THE SEASONS CHANGE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 05 | DO YOU HAVE WEIGHT GAIN DURING THE WINTER, EVEN WITHOUT CHANGES TO YOUR DIET OR PHYSICAL ACTIVITY? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 06 | DO YOU FEEL MORE WITHDRAWN FROM FRIENDS OR FAMILY WHEN THERE'S LESS DAYLIGHT? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 07 | HAVE YOU NOTICED FEELINGS OF HOPELESSNESS, SADNESS, OR IRRITABILITY DURING A SPECIFIC SEASON? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 08 | DO YOUR SYMPTOMS IMPROVE IN CERTAIN SEASONS, LIKE SPRING OR SUMMER? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



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DO YOU HAVE DIFFICULTY CONCENTRATING OR COMPLETING SIMPLE TASKS?

YES

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NO

☐

10

HAVE YOUR SYMPTOMS AFFECTED YOUR WORK, SCHOOL, OR PERSONAL RELATIONSHIPS IN COLDER SEASONS?

YES

☐

NO

☐

SCORING YOUR RESULTS:

- 0–3 “Yes” answers: You may simply be reacting to the natural changes in season. Monitor your symptoms and try self-care strategies like physical activity or increasing light exposure.
- 4–5 “Yes” answers: Your mental health may be impacted by the seasons. Consider scheduling a screening or consultation with one of the licensed providers at Icarus Idaho.
- 6 or more “Yes” answers: Your symptoms are consistent with seasonal affective disorder (SAD). Consider a full assessment by a mental health professional at Icarus Wellness and Recovery in Boise.

DISCLAIMER:

OUR SAD QUIZ IS INTENDED FOR SELF-EXAMINATION ONLY. IT IS NOT TO BE CONSIDERED A PROFESSIONAL DIAGNOSIS OR PROFESSIONAL ADVICE. IF YOU NEED HELP AFTER COMPLETING THE QUIZ, PLEASE CALL ICARUS NEVADA AT 208.907.8881 TO SCHEDULE A PROFESSIONAL ASSESSMENT.

