

QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)

THIS SECTION FOR USE BY STUDY PERSONNEL ONLY.

Questionnaire completed on visit date or specify date completed: _____
DD-Mon-YYYY

Only the patient (subject) should enter information onto this questionnaire.

PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.

1. Falling asleep:

- 0 I never took longer than 30 minutes to fall asleep.
- 1 I took at least 30 minutes to fall asleep, less than half the time (3 days or less out of the past 7 days).
- 2 I took at least 30 minutes to fall asleep, more than half the time (4 days or more out of the past 7 days).
- 3 I took more than 60 minutes to fall asleep, more than half the time (4 days or more out of the past 7 days).

2. Sleep during the night:

- 0 I didn't wake up at night.
- 1 I had a restless, light sleep, briefly waking up a few times each night.
- 2 I woke up at least once a night, but I got back to sleep easily.
- 3 I woke up more than once a night and stayed awake for 20 minutes or more, more than half the time (4 days or more out of the past 7 days).

3. Waking up too early:

- 0 Most of the time, I woke up no more than 30 minutes before my scheduled time.
- 1 More than half the time (4 days or more out of the past 7 days), I woke up more than 30 minutes before my scheduled time.
- 2 I almost always woke up at least one hour or so before my scheduled time, but I got back to sleep eventually.
- 3 I woke up at least one hour before my scheduled time, and couldn't get back to sleep.

4. Sleeping too much:

- 0 I slept no longer than 7-8 hours/night, without napping during the day.
- 1 I slept no longer than 10 hours in a 24-hour period including naps.
- 2 I slept no longer than 12 hours in a 24-hour period including naps.
- 3 I slept longer than 12 hours in a 24-hour period including naps.

5. Feeling sad:

- 0 I didn't feel sad.
- 1 I felt sad less than half the time (3 days or less out of the past 7 days).
- 2 I felt sad more than half the time (4 days or more out of the past 7 days).
- 3 I felt sad nearly all of the time.

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PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.

Please complete either 6 or 7 (not both)

6. Decreased appetite:

- 0 There was no change in my usual appetite.
- 1 I ate somewhat less often or smaller amounts of food than usual.
- 2 I ate much less than usual and only by forcing myself to eat.
- 3 I rarely ate within a 24-hour period, and only by really forcing myself to eat or when others persuaded me to eat.

7. Increased appetite:

- 0 There was no change in my usual appetite.
- 1 I felt a need to eat more frequently than usual.
- 2 I regularly ate more often and/or greater amounts of food than usual.
- 3 I felt driven to overeat both at mealtime and between meals.

Please complete either 8 or 9 (not both)

8. Decreased weight (within the last 14 days):

- 0 My weight has not changed.
- 1 I feel as if I've had a slight weight loss.
- 2 I've lost 2 pounds (about 1 kilo) or more.
- 3 I've lost 5 pounds (about 2 kilos) or more.

9. Increased weight (within the last 14 days):

- 0 My weight has not changed.
- 1 I feel as if I've had a slight weight gain.
- 2 I've gained 2 pounds (about 1 kilo) or more.
- 3 I've gained 5 pounds (about 2 kilos) or more.

10. Concentration/decision-making:

- 0 There was no change in my usual ability to concentrate or make decisions.
- 1 I occasionally felt indecisive or found that my attention wandered.
- 2 Most of the time, I found it hard to focus or to make decisions.
- 3 I couldn't concentrate well enough to read or I couldn't make even minor decisions.

11. Perception of myself:

- 0 I saw myself as equally worthwhile and deserving as other people.
- 1 I put the blame on myself more than usual.
- 2 For the most part, I believed that I caused problems for others.
- 3 I thought almost constantly about major and minor defects in myself.

12. Thoughts of my own death or suicide:

- 0 I didn't think of suicide or death.
- 1 I felt that life was empty or wondered if it was worth living.
- 2 I thought of suicide or death several times for several minutes over the past 7 days.
- 3 I thought of suicide or death several times a day in some detail, or I made specific plans for suicide or actually tried to take my life.

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PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.

13. General interest:

- 0 There was no change from usual in how interested I was in other people or activities.
- 1 I noticed that I was less interested in other people or activities.
- 2 I found I had interest in only one or two of the activities I used to do.
- 3 I had virtually no interest in the activities I used to do.

14. Energy level:

- 0 There was no change in my usual level of energy.
- 1 I got tired more easily than usual.
- 2 I had to make a big effort to start or finish my usual daily activities (for example: shopping, homework, cooking or going to work).
- 3 I really couldn't carry out most of my usual daily activities because I just didn't have the energy.

15. Feeling more sluggish than usual:

- 0 I thought, spoke, and moved at my usual pace.
- 1 I found that my thinking was more sluggish than usual or my voice sounded dull or flat.
- 2 It took me several seconds to respond to most questions and I was sure my thinking was more sluggish than usual.
- 3 I was often unable to respond to questions without forcing myself.

16. Feeling restless (agitated, not relaxed, fidgety):

- 0 I didn't feel restless.
- 1 I was often fidgety, wringing my hands, or needed to change my sitting position.
- 2 I had sudden urges to move about and was quite restless.
- 3 At times, I was unable to stay seated and needed to pace around.

Rush et al, Biol Psychiatry (2003) 54: 573-83.

EPI0905.QIDSSR

I confirm this information is accurate.

Patient's/Subject's initials:

Date:

QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SCORE SHEET)

NOTE: THIS SECTION IS TO BE COMPLETED BY THE STUDY PERSONNEL ONLY.

_____ Enter the highest score on any 1 of the 4 sleep items (1-4)

_____ Item 5

_____ Enter the highest score on any 1 of the appetite/weight items (6-9)

_____ Item 10

_____ Item 11

_____ Item 12

_____ Item 13

_____ Item 14

_____ Enter the highest score on either of the 2 psychomotor items (15 and 16)

_____ **Total Score (Range: 0-27)**

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