

# INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)

*THIS SECTION FOR USE BY STUDY PERSONNEL ONLY.*

Did patient (subject) perform self-evaluation? **No**  (provide reason in comments)

Evaluation performed on visit date  or specify date: \_\_\_\_\_

DD-Mon-YYYY

Comments:

***Information entered onto this questionnaire should be done only by the patient (subject).***

***Please circle the one response to each item that best describes you for the past seven days.***

**1. Falling Asleep:**

- 0 I never take longer than 30 minutes to fall asleep.
- 1 I take at least 30 minutes to fall asleep, some nights.
- 2 I take at least 30 minutes to fall asleep, most nights.
- 3 I take more than 60 minutes to fall asleep, most nights.

**2. Sleep During the Night:**

- 0 I do not wake up at night.
- 1 I have a restless, light sleep with a few brief awakenings each night.
- 2 I wake up at least once a night, but I go back to sleep easily.
- 3 I wake up more than once a night and stay awake for 20 minutes or more, most nights.

**3. Waking Up Too Early:**

- 0 Most days, I wake up less than 30 minutes before I need to get up.
- 1 Most days, I wake up more than 30 minutes before I need to get up.
- 2 I almost always wake up at least one hour or so before I need to, but I go back to sleep eventually.
- 3 I always wake up at least one hour before I need to, and can't go back to sleep.

**4. Sleeping Too Much:**

- 0 I sleep 7-8 hours/night or less, without napping during the day.
- 1 I sleep 10 hours or less in a 24-hour period, including naps.
- 2 I sleep 12 hours or less in a 24-hour period, including naps.
- 3 I sleep longer than 12 hours in a 24-hour period, including naps.

**5. Feeling Sad:**

- 0 I do not usually feel sad.
- 1 I feel sad less than half the time.
- 2 I feel sad more than half the time.
- 3 I feel sad nearly all of the time.

**6. Feeling Irritable:**

- 0 I do not usually feel irritable.
- 1 I feel irritable less than half the time.
- 2 I feel irritable more than half the time.
- 3 I feel extremely irritable nearly all of the time.

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## 7. Feeling Anxious or Tense:

- 0 I do not usually feel anxious or tense.
- 1 I feel anxious (tense) less than half the time.
- 2 I feel anxious (tense) more than half the time.
- 3 I feel extremely anxious (tense) nearly all of the time.

## 8. Response of Your Mood to Good or Desired Events:

- 0 When good events happen, my mood brightens for a few hours.
- 1 When good events happen, my mood brightens but I do not feel like my normal self.
- 2 Only when a particularly good thing happens does my mood brighten a little.
- 3 My mood does not brighten at all, even when very good things happen in my life.

## 9. Mood in Relation to the Time of Day:

- 0 I have not noticed a connection between my mood and the time of day.
- 1 My mood is connected to circumstances, such as being alone or working, rather than to the time of day.
- 2 In general, my mood is more related to the time of day than to circumstances.
- 3 My mood is clearly and predictably better or worse at a particular time each day.

## 9A. Is your mood typically worse

- 0 in the morning.
- 1 afternoon.
- 2 night.

## 9B. Is your mood variation attributed to the environment?

- 0 yes.
- 1 no.

## 10. The Quality of Your Mood:

- 0 The mood (internal feelings) that I experience is very much a normal mood.
- 1 My mood is sad, but this sadness is pretty much like the sad mood I would feel if someone close to me died or left.
- 2 My mood is sad, but this sadness has a rather different quality to it than the sadness I would feel if someone close to me died or left.
- 3 My mood is sad, but this sadness is different from the type of sadness associated with grief or loss.

Please complete either 11 or 12 (not both)

## 11. Decreased Appetite:

- 0 There is no change in my usual appetite.
- 1 I eat somewhat less often or lesser amounts of food than usual.
- 2 I eat much less than usual and only if I make an effort.
- 3 I rarely eat within a 24-hour period, and only if I am determined to eat or others persuade me to eat.

## 12. Increased Appetite:

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

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Please complete either 13 or 14 (not both)

**13. Within the Last Two Weeks:**

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight loss.
- 2 I have lost 1 kilo or more.
- 3 I have lost 2.5 kilos or more.

**14. Within the Last Two Weeks:**

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight gain.
- 2 I have gained 1 kilo or more.
- 3 I have gained 2.5 kilos or more.

**15. Concentration/Decision Making:**

- 0 There is no change in my usual capacity to concentrate or make decisions.
- 1 I occasionally feel indecisive or find that my attention wanders.
- 2 Most of the time, I struggle to focus my attention or to make decisions.
- 3 I cannot concentrate well enough to read or cannot make even minor decisions.

**16. View of Myself:**

- 0 I see myself as just as worthwhile and deserving as other people.
- 1 I blame myself (for things that go wrong) more than usual.
- 2 I believe that I cause a lot of problems for others.
- 3 I think almost constantly about my faults and the problems I cause.

**17. View of My Future:**

- 0 I have a positive (optimistic) view of my future.
- 1 I am occasionally negative (pessimistic) about my future, but for the most part I believe things will get better.
- 2 I'm pretty certain that my immediate future (1-2 months) does not hold much promise of good things for me.
- 3 I see no hope of anything good happening to me any time in the future.

**18. Thoughts of Deaths or Suicide:**

- 0 I do not think of suicide or dying.
- 1 I feel that life is empty or wonder if it's worth living.
- 2 I find myself thinking of suicide or dying several times a week.
- 3 I keep thinking about suicide or dying several times a day in some detail, or I have made specific plans for suicide or have actually tried to take my life.

**19. General Interest:**

- 0 There is no change from usual in how interested I am in other people or activities.
- 1 I notice that I have been less interested in people or activities recently.
- 2 I find I have interest in only one or two of the activities I used to enjoy.
- 3 I have virtually no interest in the activities I used to enjoy.

**20. Energy Level:**

- 0 There is no change in my usual energy level.
- 1 I get tired more easily than usual.
- 2 I have 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 cannot carry out most of my usual daily activities because I just don't have the energy.

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**21. Capacity for Pleasure or Enjoyment** (excluding sex):

- 0 I enjoy pleasurable activities just as much as usual.
- 1 I do not get my usual sense of enjoyment from pleasurable activities.
- 2 I rarely get a feeling of pleasure from any activity.
- 3 I am unable to get any pleasure or enjoyment from anything.

**22. Interest in (or Desire for) Sex** (Please Rate Interest not Activity):

- 0 I'm just as interested in sex as usual.
- 1 My interest in sex is somewhat less than usual or I do not get the same pleasure from sex as I used to.
- 2 I have little desire for sex and/or get very little pleasure from it.
- 3 I have absolutely no interest in sex and/or get no pleasure from it at all.

**23. Feeling Slowed Down:**

- 0 I think, speak, and move at my usual speed.
- 1 I find that my thinking is slowed down or my voice sounds dull and/or flat.
- 2 It takes me several seconds to respond to most questions and I'm sure my thinking is slowed.
- 3 I am often unable to respond to questions without making a real effort.

**24. Feeling Restless:**

- 0 I do not feel restless.
- 1 I'm often fidgety, wring my hands, or need to move around in my seat.
- 2 I feel I need to move around and am quite restless.
- 3 I am often unable to stay seated and need to pace around.

**25. Aches and Pains:**

- 0 I don't have any aches or pains.
- 1 Sometimes I get headaches or pains in my stomach, back or joints but these pains are only present sometimes and they don't stop me from doing what I need to do.
- 2 I have these sorts of pains most of the time.
- 3 These pains are so bad they force me to stop what I am doing.

**26. Other Bodily Symptoms:**

- 0 I do NOT have any of these symptoms: heart pounding fast, blurred vision, sweating, hot and cold flushes, chest pain, heart turning over in my chest, ringing in my ears, or shaking.
- 1 I have some of these symptoms but they are mild and are present only sometimes.
- 2 I have several of these symptoms and they bother me quite a bit.
- 3 I have several of these symptoms and when they occur I have to stop doing whatever I am doing.

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## 27. Panic/Phobic Symptoms:

- 0 I have no episodes of panic or specific fears or phobias (such as animals or heights).
- 1 I have mild panic episodes or fears that do not usually change my behavior or stop me from doing things.
- 2 I have definite panic episodes or fears that make me change my behavior but do not stop me from doing things altogether.
- 3 I have panic episodes at least once a week or severe fears that stop me from carrying on my normal daily activities.

## 28. Constipation/Diarrhoea:

- 0 There is no change in my usual bowel habits.
- 1 I have occasional, mild constipation or diarrhoea.
- 2 I have diarrhoea or constipation most of the time but it does not interfere with my day-to-day activities.
- 3 I have constipation or diarrhoea for which I take medicine or which interferes with my day-to-day activities.

## 29. Interpersonal Sensitivity:

- 0 I do not feel easily rejected, slighted, criticised or hurt by others at all.
- 1 I occasionally feel rejected, slighted, criticised or hurt by others.
- 2 I often feel rejected, slighted, criticised or hurt by others, but these feelings have had only slight effects on my relationships or work.
- 3 I feel so rejected, slighted, criticised or hurt by others that these feelings interfere with my relationships and work.

## 30. Leaden Paralysis/Physical Energy:

- 0 I do NOT have the physical sensation of feeling weighted down or lacking physical energy.
- 1 I occasionally experience periods of feeling physically weighted down and lacking physical energy, but without a negative effect on work, school, or activity level.
- 2 I feel physically weighted down and lacking physical energy more than half the time.
- 3 I feel physically weighted down and lacking physical energy for long periods every day.

Thank you.