

# STAR D ROA QUESTIONNAIRE

For office use only:

Spanish

update

**RA**

Patient ID

Date   /   /       
MM DD YYYY

Check one:  Baseline

Level exit

Time ROA interview began:   :    
(military time)

Quarterly follow-up:  3  6  9  12

**HRS-D17 ITEMS**

**IDS-C30 ITEMS**

**1. Initial Insomnia:**

- 0 Absent
- 1 Mild, infrequent; more than 1/2 hour occasionally
- 2 Moderate to severe and obvious (more than 1/2 hour usually)

**1. Sleep Onset Insomnia:**

- 0 Never takes longer than 30 minutes to fall asleep.
- 1 Takes at least 30 minutes to fall asleep, less than half the time.
- 2 Takes at least 30 minutes to fall asleep, more than half the time.
- 3 Takes more than 60 minutes to fall asleep, more than half the time.

**2. Middle Insomnia (between 12:00 and 4:00a.m.):**  
(Do not rate getting out of bed to void)

- 0 Absent
- 1 Mild (complains of feeling restless and disturbed during night; few awakenings)
- 2 Moderate to severe (wakes during the night; any reading or smoking in bed or getting out of bed except to void)

**2. Mid-Nocturnal Insomnia:**

- 0 Does not wake up at night.
- 1 Restless, light sleep with few awakenings.
- 2 Wakes up at least once a night, but goes back to sleep easily.
- 3 Awakens more than once a night and stays awake for 20 minutes or more, more than half the time.

**3. Delayed Insomnia (after 4:00a.m.):**

- 0 Absent
- 1 Mild (wakes earlier than usual but goes back to sleep)
- 2 Moderate to severe (wakes 1-3 hours before usual; unable to sleep again)

**3. Early Morning Insomnia:**

- 0 Less than half the time, awakens no more than 30 minutes before necessary.
- 1 More than half the time, awakens more than 30 minutes before need be.
- 2 Awakens at least one hour before need be, more than half the time.
- 3 Awakens at least two hours before need be, more than half the time.

**NONE**

**4. Hypersomnia:**

- 0 Sleeps no longer than 7-8 hours/night, without naps.
- 1 Sleeps no longer than 10 hours in a 24 hour period (include naps).
- 2 Sleeps no longer than 12 hours in a 24 hour period (include naps).
- 3 Sleeps longer than 12 hours in a 24 hour period (include naps).

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**HRS-D17 ITEMS**

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**NONE**

**9. Reactivity of Mood:**

- 0 Mood brightens to normal level and lasts several hours when good events occur.
- 1 Mood brightens but does not feel like normal self when good events occur.
- 2 Mood brightens only somewhat with few selected, extremely desired events.
- 3 Mood does not brighten at all, even when very good or desired events occur.

**NONE**

**10. Mood Variation:**

- 0 Notes no regular relationship between mood and time of day.
- 1 Mood often relates to time of day due to environmental circumstances.
- 2 For most of the week, mood appears more related to time of day than to events.
- 3 Mood is clearly, predictably, better or worse at a fixed time each day.

→ **IF 1, 2, OR 3 IS CHECKED, RATE 10A AND 10B**

**10A Is mood typically worse in (mark one):**

- Morning
- Afternoon
- Night

**10B Is mood variation attributed to environment by the patient? (mark one):**

- Yes
- No

**NONE**

**11. Quality of Mood:**

- 0 Mood is virtually identical to feelings associated with bereavement or is undisturbed.
- 1 Mood is largely like sadness in bereavement, although it may lack explanation, be associated with more anxiety, or be much more intense.
- 2 Less than half the time, mood is qualitatively distinct from grief and therefore difficult to explain to others.
- 3 Mood is qualitatively distinct from grief nearly all of the time.

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**6. Appetite:**

- 0 Normal appetite
- 1 Mild reduction in appetite and food intake
- 2 Moderate to severe reduction of appetite and food intake

*(Note: Check 0 if appetite has increased)*

**NONE**

**For the IDS-C, rate either 12 or 13 (not both)**

**12. Appetite (Decreased):**

- 0 No change from usual appetite.
- 1 Eats somewhat less often and/or lesser amounts than usual.
- 2 Eats much less than usual and only with personal effort.
- 3 Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by others.

**- OR -**

**13. Appetite (Increased):**

- 0 No change from usual appetite.
- 1 More frequently feels a need to eat than usual.
- 2 Regularly eats more often and/or greater amounts than usual.
- 3 Feel driven to overeat at and between meals.

**7. Weight Loss (Within the Last Week):**

- 0 No weight loss
- 1 Mild or probable weight loss associated with present illness
- 2 Moderate to severe weight loss

*(Note: Check 0 if weight has increased)*

**NONE**

**For the IDS-C, rate either 14 or 15 (not both)**

**14. Weight (Decrease) Within the Last Two Weeks:**

- 0 Has experienced no weight change.
- 1 Feels as if some slight weight loss has occurred.
- 2 Has lost 2 pounds or more.
- 3 Has lost 5 pounds or more.

**- OR -**

**15. Weight (Increase) Within the Last Two Weeks:**

- 0 Has experienced no weight change.
- 1 Feels as if some slight weight gain has occurred.
- 2 Has gained 2 pounds or more.
- 3 Has gained 5 pounds or more.

**NONE**

**16. Concentration / Decision Making:**

- 0 No change in usual capacity to concentrate and decide.
- 1 Occasionally feels indecisive or notes that attention often wanders.
- 2 Most of the time struggles to focus attention or make decisions.
- 3 Cannot concentrate well enough to read or cannot make even minor decisions.

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## HRS-D17 ITEMS

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### 8. Guilt Feelings and Delusions:

- 0 Absent
- 1 Mild self-reproach (feels he/she has let people down)
- 2 Moderate (guilt regarding past errors or misdeeds)
- 3 Moderately severe (feels present illness is deserved punishment; ruminations over past errors and sins)
- 4 Severe self-reproach (e.g., guilty delusions, e.g., is making other people ill; deserves to die; may have accusatory or denouncing auditory or visual hallucinations)

### 17. Outlook (Self):

- 0 Sees self as equally worthwhile and deserving as others.
- 1 Is more self-blaming than usual.
- 2 Largely believes that he/she causes problems for others.
- 3 Ruminates over major and minor defects in self.

**NONE**

### 18. Outlook (Future):

- 0 Views future with usual optimism.
- 1 Occasionally has pessimistic outlook that can be dispelled by others or events.
- 2 Largely pessimistic for the near future.
- 3 Sees no hope for self/situation anytime in the future.

### 9. Suicide:

- 0 Absent
- 1 Feels life is empty, not worth living
- 2 Recurrent thoughts or wishes about death of self
- 3 Active suicidal thoughts, threats, gestures
- 4 Serious suicide attempt

### 19. Suicidal Ideation:

- 0 Does not think of suicide or death.
- 1 Feels life is empty or is not worth living.
- 2 Thinks of suicide/death several times a week for several minutes.
- 3 Thinks of suicide/death several times a day in depth, or has made specific plans, or attempted suicide.

**Note: If patient is suicidal, be sure to follow study procedures before ending the phone call.**

### 10. Work and Interests (Apathy: loss of interest in work, hobbies, social life. Anhedonia: unable to feel pleasure):

- 0 No disturbance
- 1 Mild (feels incapable, listless, less efficient)
- 2 Moderate (has to push to work or play)
- 3 Moderately severe (clearly decreased efficiency; spends less time at usual work; definite decrease in work productivity)
- 4 Severe (stopped working because of present illness; cannot maintain personal hygiene)

### 20. Involvement:

- 0 No change from usual level of interest in other people and activities.
- 1 Notices a reduction in former interests/activities.
- 2 Finds only one or two former interests remain.
- 3 Has virtually no interest in formerly pursued activities.

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**NONE**

**21. Pleasure / Enjoyment (Exclude sexual activities):**

- 0 Participates in and derives usual sense of enjoyment from pleasurable activities.
- 1 Does not feel usual enjoyment from pleasurable activities.
- 2 Rarely derives pleasure from any activities.
- 3 Is unable to register any sense of pleasure/enjoyment from anything.

**11. Somatic Energy:**

- 0 Normal
- 1 Mild (occasional, mild fatigue, easy tiring, aching)
- 2 Moderate to severe (obviously low in energy, tired all the time; frequent backaches, headaches, heavy feelings in limbs)

**22. Energy / Fatigability:**

- 0 No change in usual level of energy.
- 1 Tires more easily than usual.
- 2 Makes significant personal effort to initiate or maintain usual daily activities.
- 3 Unable to carry out most of usual daily activities due to lack of energy.

**12. Libido:**

- 0 Normal
- 1 Mild (decreased drive and satisfaction)
- 2 Moderate to severe (definite loss of desire; functional impotence)

**23. Sexual Interest:**

- 0 Has usual interest in or derives usual pleasure from sex.
- 1 Has near usual interest in or derives some pleasure from sex.
- 2 Has little desire for or rarely derives pleasure from sex.
- 3 Has absolutely no interest in or derives no pleasure from sex.

**13. Retardation (Psychomotor slowing of thought, speech, and movement.):**

- 0 Absent
- 1 Mild (slightly flattened affect)
- 2 Moderate (monotonous voice, delayed answering, sits motionless)
- 3 Moderately severe (interview difficult and prolonged)
- 4 Extremely severe (depressive stupor; interview impossible)

**24. Psychomotor Slowing:**

- 0 Normal speed of thinking, gesturing, and speaking.
- 1 Patient notes slowed thinking, and voice modulation is reduced.
- 2 Takes several seconds to respond to most questions; reports slowed thinking.
- 3 Is largely unresponsive to most questions without strong encouragement.

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### 14. Agitation (May co-exist with retardation):

- 0 Absent
- 1 Mild (fidgety; clenching fists or chair arm, kicking feet)
- 2 Moderate (wringing hands; pulling hair; picking at hands or clothes; some pacing)
- 3 Moderately severe (can't sit still; much pacing)
- 4 Severe (constant pacing; pulling off clothes; tearing at hair; picking at face)

### 15. Somatic Anxiety (Physiological concomitants of anxiety such as: fainting, tinnitus, blurred vision, headache, tremor, sweating, flushing, hyperventilation, palpitations, indigestion, belching, diarrhea, increased urinary frequency):

- 0 Absent
- 1 Mild
- 2 Moderate
- 3 Moderately severe
- 4 Severe

### 25. Psychomotor Agitation:

- 0 No increased speed or disorganization in thinking or gesturing.
- 1 Fidgets, wrings hands, and shifts positions often.
- 2 Describes impulse to move about and displays motor restlessness.
- 3 Unable to stay seated. Paces about with or without permission.

### 26. Somatic Complaints:

- 0 States there is no feeling of limb heaviness or pains.
- 1 Complains of headaches, abdominal, back or joint pains that are intermittent and not disabling.
- 2 Complains that the above pains are present most of the time.
- 3 Functional impairment results from above.

### 27. Sympathetic Arousal:

- 0 Reports no palpitations, tremors, blurred vision, tinnitus, or increased sweating, dyspnea, hot and cold flashes, chest pain.
- 1 The above are mild and only intermittently present.
- 2 The above are moderate and present more than half the time.
- 3 The above result in functional impairment.

### 28. Gastrointestinal:

- 0 Has no change in usual bowel habits.
- 1 Has intermittent constipation and/or diarrhea that is mild.
- 2 Has diarrhea and/or constipation most of the time that does not impair functioning.
- 3 Has intermittent presence of constipation and/or diarrhea that requires treatment or causes functional impairment.

NONE

### 29. Interpersonal Sensitivity:

- 0 Has not felt easily rejected, slighted, criticized, or hurt by others at all.
- 1 Occasionally feels rejected, slighted, criticized, or hurt by others.
- 2 Often feels rejected, slighted, criticized, or hurt by others, but with only slight effects on social/occupational functioning.
- 3 Often feels rejected, slighted, criticized, or hurt by others that results in impaired social/occupational functioning.

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**NONE**

**30. Leaden Paralysis / Physical Energy:**

- 0 Does not experience the physical sensation of feeling weighted down and without physical energy.
- 1 Occasionally experiences periods of feeling physically weighted down and without physical energy, but without a negative effect on work, school, or activity level.
- 2 Feels physically weighted down (without physical energy) more than half the time.
- 3 Feels physically weighted down (without physical energy) most of the time, several hours per day, several days per week.

**16. Hypochondriasis (Preoccupation with physical health) (Do not rate concern about physical fitness unless outside the norm):**

- 0 Absent
- 1 Mild preoccupation with bodily functions and physical symptoms
- 2 Moderate concern with physical health
- 3 Moderately severe preoccupation with physical health (e.g., may think has physical disease - brain tumor, cancer)
- 4 Severe (e.g., bizarre delusions, often with guilty associations; e.g., worms eating head, rotting inside, bowels blocked, terrible odor)

**NONE**

**17. Loss of Insight:**

- 0 Acknowledges being depressed and ill
- 1 Acknowledges being ill but not depressed
- 2 Denies being ill at all

**NONE**



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## INCOME AND PUBLIC ASSISTANCE QUESTIONNAIRE

1) What is the total combined income that you and all other members of your household receive each month?

Monthly household income: \$ ,   
(in dollars, no cents)

2) As I read each possible source of income, will you tell me if you received any money during the past month from each source? Did you receive income such as...

	NO	YES	REFUSED	DON'T KNOW	\$ PER MONTH
2.1. Employment wages, salaries, tips, commissions, or self-employment wages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> , <input type="text"/>
2.2. Public Assistance; SSI (blind, disabled, aged, families with dependent children); food stamps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> , <input type="text"/>
2.3. Unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> , <input type="text"/>
2.4. Other (e.g., retirement benefits, interests, dividends, royalties, leases, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> , <input type="text"/>

Time ROA interview ended: :   
(military time)