

**Clinician Instructions:** In making each rating, consider the frequency, duration, and intensity/severity of the symptom. The degree of functional impairment caused by the symptom may be important in the ratings of some items, but not all. If patient denies ever experiencing euthymic mood, ask them to compare the last week to a time that they felt their best or to compare to what they would consider to be a satisfactory level of functioning.

### INTRODUCTION:

"I would like to ask you some questions about the past week, the last 7 days."

- 1) How have you been sleeping in the past week? Have you had trouble falling asleep when you go to bed? Right after you go to bed, how long does it take you to fall asleep? How many days in the past week?
- 2) During the past week, have you been waking in the middle of the night?  
IF YES: How often have you been waking up? How long do you stay awake? Do you get out of bed? What do you do? Are you able to fall right back to sleep? Have you felt your sleep has been restless or disturbed some nights?
- 3) What time have you been waking up in the past week? With or without an alarm? Have you been waking earlier than you want to or need to? How much earlier than is normal for you? How many days? Are you able to go back to sleep?
- 4) How many hours on average have you been sleeping in a 24-hour period in the past week? Does that include naps? Is that a normal amount for you? What is the longest you've slept in a 24-hour period in the last week?
- 5) How would you describe your mood in the past week? Have you been feeling down or depressed? Sad? In the past week, how much of the time have you felt \_\_\_\_\_? Every day? All day?

**Ask all 3 of the following questions (6-8) before scoring psychic anxiety.**

- 6) Have you been feeling especially anxious or nervous in the past week? Have you been worrying about little, unimportant things, things you would not normally worry about. IF YES: Like what, for example? How much of the time in the past week have you been feeling \_\_\_\_\_? Every day?

- 7) Have you suddenly felt intensely frightened, anxious, or extremely uncomfortable? Extremely panicky for no apparent reason? Has this occurred in the past 7 days? When did it last occur? (If panic attacks are present, "Did you experience any of the following symptoms: shortness of breath, dizziness, fainting, palpitations, shaking, sweating, choking, nausea, cramps, chest pain, fear of dying, losing control, or going crazy?")

Are there situations or things that you really dislike or avoid because you feel anxious? Any phobias? Have you noticed this avoidance increasing in the past week? In the past week, how often have you felt \_\_\_\_\_? How long has it lasted?

- 8) Have you felt irritable in the past week? Have you found yourself becoming angry with others for little apparent reason? More so than is normal for you? How much of the time in this past week?
- 9) In the past week, when something good happened, did your mood brighten up? Did it brighten back to normal? How long did this brightened mood last? In the past week, how often did you notice your mood brighten up? Were there things that occurred that should have brightened your mood? (If denied good things happened, ask to imagine hypothetical event that would typically brighten mood when not depressed.)
- 10) In the past week have you noticed your depressed mood feeling worse at any particular time of day -- such as in the morning or evening? IF YES: Is this related to any particular event(s)? How much worse do you feel -- a little bit or a lot? Even on weekends?
- 11) Have you experienced grief or loss in your life, like the death of a close friend or relative (or pet, lost an important job, moved)? Do you remember how you felt? How is the sad or down mood you have experienced this week similar to how you felt then? How is it different?
- 12) How has your appetite been in the last week compared to your usual appetite? Have you had to force yourself to eat? Have others urged or reminded you to eat? When you have eaten, did you enjoy your food as much as usual? In the past week, how often have you eaten? Every day? When you do eat, have you noticed that you eat less than usual?

- 13) Have you found yourself eating more than usual? Every day? Have you noticed you eat more at meals? Have you noticed you are snacking or eating more in between meals? Have you felt driven to eat? Have you had eating binges?
- 14/15) Have you noticed any change in your weight? Are your clothes fitting differently than usual? How much has your weight changed in the past week? How much has your weight changed in the past 2 weeks?
- 16) Have you noticed any problems with your concentration in the past week? Have you been able to focus on what you have been doing (like reading or watching TV)? In the past week, have you noticed having problems making decisions? Were minor decisions more difficult than usual to make (what to wear, eat, or watch on TV)? In the past week, how often have you had problems with \_\_\_\_\_?
- 17) In the past week, have you been feeling especially critical of yourself? Have you been feeling you've done things wrong or let others down? IF YES: What have your thoughts been? Have you felt guilty about things you've done or not done? Do you feel that the problems you're now experiencing are a form of punishment? Do you feel you're being punished by being sick? How often have you felt \_\_\_\_\_? When you have felt \_\_\_\_\_, how long has it lasted?
- 18) How have you been feeling about the future? (optimistic/pessimistic) Do you feel better with encouragement/reassurance from others? Do you feel things will get better, improve, or work out? How often do you feel \_\_\_\_\_? How long does it last?
- 19) In this past week, have you felt that life was not worth living, or that you'd be better off dead? What about thoughts of hurting or killing yourself? IF YES: How often do you think about \_\_\_\_\_? When you think about \_\_\_\_\_, how long do you think about it? What have you thought about? Do you have a plan? Have you done anything to hurt yourself? What stops you?  
**(THOROUGHLY ASSESS SUICIDE POTENTIAL.)**
- 20) How have you been spending your time this past week? How would you describe your level of interest and motivation to complete daily activities? Have you felt interested in doing those things or do you feel you have to push yourself to do them? Have you stopped doing anything you used to do? IF YES: Is there anything you look forward to doing? Have you been able to maintain your personal hygiene?

- 21) Have you had any fun this past week? IF NO: Has there been anything you enjoyed (meal, movie, spending time with a friend)? IF YES: Was the enjoyment you experienced at a normal level for you? How often did you enjoy something or experience pleasure? How long did it last?
- 22) How has your energy level been this past week? Have you been tired all the time? IF NO: Have you noticed you tire more easily than usual? This week have you had backaches, headaches, aches, or heaviness in your head or limbs? Has your lack of energy interfered with your ability to carry out most of your usual daily activities?
- 23) How has your interest and desire in sex been in the past week (not activity or opportunity, but your level of interest)? Has there been any change in your interest in sex (from when you were not depressed)? Is sex something you've thought about this week? Is your interest or desire in sex gone completely or is it slightly reduced?
- 24) Have you felt slowed down in your thinking, speaking, or movement in the past week? Have others commented on this? How many days in the past week have you felt \_\_\_\_\_? When you feel \_\_\_\_\_, how long does it last?
- 25) Have you noticed feeling fidgety or speeded up during the past week? Have you found yourself unable to stay seated or needing to move around more than is typical for you? How often do you feel \_\_\_\_\_? How long does it last?
- 26) In the past week, have you had any of the following physical symptoms: fainting; ringing in your ears (tinnitus); blurred vision; headaches; tremors; heaviness in your arms or legs; abdominal, back, or joint pains; sweating; flushing; hot or cold flashes; hyperventilation; difficulty breathing (dyspnea); palpitations; chest pain; indigestion; belching; constipation; diarrhea; or an increase in your urinary frequency. How much have these physical symptoms been bothering you in the past week? How bad have they gotten? How much of the time have you had them? Have you had to take any medicine for \_\_\_\_\_? Have any of these symptoms kept you from doing what you needed to do? Have you called or seen a physician for any of these symptoms?

- 27) In the past week, have you felt easily rejected, slighted, or criticized by others? How often has this occurred? How do you respond when that happens -- angry, down, or \_\_\_\_\_? (Probe severity of reaction). How long do you feel \_\_\_\_\_ when this happens? How does this impact upon your ability to relate with others socially or to complete work tasks?
- 28) This past week have you had the physical sensation of feeling weighted down, like you had lead weights on your arms and legs? How often has it happened? How long has it lasted?
- 29) In the past week, have you been concerned about your physical health or how your body is working? IF YES: What have you been concerned about? How often have you been thinking about \_\_\_\_\_? For how long? Have you contacted your physician or nurse about your concerns? What have they told you? Do you believe them?
- 30) (If the rating for this item is unclear at this point in the interview, ask the following stem question. If the rating for this item is clear based on the interview information you have already obtained, do not ask the stem question. Circle the rating and go on to the next question.) In the past 7 days, do you think you have been depressed?