

**INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (CLINICIAN-RATED)
(IDS-C)**

NAME: _____

TODAY'S DATE: _____

Please circle one response to each item that best describes the patient for the last seven days.

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. 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. 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.
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).
5. Mood (Sad):
 - 0 Does not feel sad.
 - 1 Feels sad less than half the time.
 - 2 Feels sad more than half the time.
 - 3 Feels intensely sad virtually all of the time.
6. Mood (Irritable):
 - 0 Does not feel irritable.
 - 1 Feels irritable less than half the time.
 - 2 Feels irritable more than half the time.
 - 3 Feels extremely irritable virtually all of the time.
7. Mood (Anxious):
 - 0 Does not feel anxious or tense.
 - 1 Feels anxious/tense less than half the time.
 - 2 Feels anxious/tense more than half the time.
 - 3 Feels extremely anxious/tense virtually all of the time.
8. 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.
9. 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 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.

9A. Is mood typically worse in morning, afternoon, or night (circle one).

9B. Is mood variation attributed to environment by the patient? (yes or no) (circle one).
10. 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.

Complete either 11 or 12 (not both)

11. 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.

12. 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 Feels driven to overeat at and between meals.

Complete either 13 or 14 (not both)

13. Weight (Decrease) Within The Last Two Weeks:

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

14. 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.

15. 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.

16. 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.

17. 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.

18. 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.

19. 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.

20. Energy/Fatiguability:

- 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.

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.

22. 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.

23. 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.

24. 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.

25. 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 the above pains.

26. 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.

27. Panic/Phobic Symptoms:

- 0 Has neither panic episodes nor phobic symptoms.
- 1 Has mild panic episodes or phobias that do not usually alter behavior or incapacitate.
- 2 Has significant panic episodes or phobias that modify behavior but do not incapacitate.
- 3 Has incapacitating panic episodes at least once a week or severe phobias that lead to complete and regular avoidance behavior.

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.

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.

30. Leadon 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.