

**INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)  
(IDS-SR)**

FULL NAME: \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Please circle 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 the time.
6. Feeling irritable:
  - 0 I didn't feel irritable.
  - 1 I felt irritable less than half the time (3 days or less out of the past 7 days).
  - 2 I felt irritable more than half the time (4 days or more out of the past 7 days).
  - 3 I felt extremely irritable nearly all the time.
7. Feeling anxious or tense:
  - 0 I didn't feel anxious or tense.
  - 1 I felt anxious (tense) less than half the time (3 days or less out of the past 7 days).
  - 2 I felt anxious (tense) more than half the time (4 days or more out of the past 7 days).
  - 3 I felt extremely anxious (tense) nearly all the time.
8. Your state of mind in response to good or desired events:
  - 0 I was in a better state of mind which lasted for several hours when good events occurred.
  - 1 I was in a better state of mind but I didn't feel like my normal self when good events occurred.
  - 2 I was in a better state of mind only somewhat to a rather limited range of desired events.
  - 3 My state of mind wasn't better, even when very good or desired events occurred in my life.
9. State of mind in relation to the time of day:
  - 0 There was no usual relationship between my state of mind and the time of day.
  - 1 My state of mind often related to the time of day because of my circumstances (e.g.: being alone, working).
  - 2 In general, my state of mind was more related to the time of day than to my circumstances.
  - 3 My state of mind was clearly and predictably better or worse at a particular time each day.

9A. Was your state of mind typically worse in the morning, afternoon or evening? (Circle the one that applies, if any.)

9B. Were variations to your state of mind attributed to your circumstances? (yes or no) (circle one)
10. Your state of mind:
  - 0 My state of mind was normal.
  - 1 I was sad, but this sadness was pretty much like the sadness I would feel if someone close to me died or left.
  - 2 I was sad, but this sadness was a little bit different from the sadness I would feel if someone close to me died or left.
  - 3 I was sad, but this sadness was very different from the type of sadness associated with grief or loss.

**Please complete either 11 or 12 (not both)**

11. 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.

12. 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 13 or 14 (not both)**

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

- 0 There was no change in my weight.
- 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.

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

- 0 There was no change in my weight.
- 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.

15. Concentration/decision making:

- 0 There was no change in my usual capacity 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.

16. 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.

17. View of my future:

- 0 I had an optimistic view of my future.
- 1 I was occasionally pessimistic about my future, but for the most part I believed things would get better.
- 2 I was pretty certain that my immediate future (1-2 months) doesn't hold much promise of good things for me.
- 3 I saw no hope of anything good happening to me any time in the future.

18. 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 a week for several minutes.
- 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.

19. 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 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.

20. 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.

21. Capacity for pleasure or enjoyment (excluding sex):

- 0 I enjoyed pleasurable activities just as much as usual.
- 1 I did not feel my usual sense of enjoyment from pleasurable activities.
- 2 I rarely got a feeling of pleasure from any activity.
- 3 I was unable to get any pleasure or enjoyment from anything.

22. Interest in sex (please rate interest, not activity):
- 0 I was just as interested in sex as usual.
  - 1 My interest in sex was somewhat less than usual or I didn't get the same pleasure from sex as I used to.
  - 2 I had little desire for or rarely derived pleasure from sex.
  - 3 I had absolutely no interest in or derived no pleasure from sex.
23. 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.
24. 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.
25. Aches and pains:
- 0 I didn't have any feeling of heaviness in my arms or legs and didn't have any aches or pains.
  - 1 Sometimes I got headaches or pains in my stomach, back or joints but these pains were only temporary and they didn't stop me from doing what I needed to do.
  - 2 I had these sorts of pains most of the time.
  - 3 These pains were so bad they forced me to stop what I was doing.
26. Other bodily symptoms:
- 0 I didn't have any of these symptoms: heart pounding fast, blurred vision, sweating, hot and cold flashes, chest pain, palpitations, ringing in my ears, or shaking.
  - 1 I had some of these symptoms but they were mild and were only temporary.
  - 2 I had several of these symptoms and they bothered me quite a bit.
  - 3 I had several of these symptoms and when they occurred I had to stop doing whatever I was doing.
27. Panic/phobia symptoms:
- 0 I had no panic attacks or specific fears (phobias) (such as animals or heights).
  - 1 I had mild panic attacks or fears that didn't usually change my behaviour or stop me from functioning.
  - 2 I had significant panic attacks or fears that forced me to change my behaviour but didn't stop me from functioning.
  - 3 At least once a week, I had panic attacks or severe fears that stopped me from carrying on my daily activities.
28. Constipation/diarrhea:
- 0 There was no change in my usual bowel habits.
  - 1 I had intermittent constipation or diarrhea which was mild.
  - 2 I had diarrhea or constipation most of the time but it didn't interfere with my day-to-day functioning.
  - 3 I had constipation or diarrhea for which I took medicine or which interfered with my day-to-day activities.
29. Sensitivity to others:
- 0 I didn't feel easily rejected, slighted, criticized or hurt by others at all.
  - 1 I occasionally felt rejected, slighted, criticized or hurt by others.
  - 2 I often felt rejected, slighted, criticized or hurt by others, but these feelings had only slight effects on my relationships or work.
  - 3 I often felt rejected, slighted, criticized or hurt by others and these feelings impaired my relationships and work.
30. Feeling weighted down/physical energy:
- 0 I didn't experience the physical sensation of feeling weighted down and without physical energy.
  - 1 I occasionally experienced periods of feeling physically weighted down and without physical energy, but without a negative effect on work, school, or activity level.
  - 2 I felt physically weighted down (without physical energy) more than half the time (4 days or more out of the past 7 days).
  - 3 I felt physically weighted down (without physical energy) most of the time, several hours a day, several days a week.

Thank you

Range 0-84    Score: \_\_\_\_\_

©1982, A. John Rush, M.D.