

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

FULL NAME: _____ TODAY'S DATE _____

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

1. Falling Asleep:
 - 0 I never took more 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 did not wake up at night.
 - 1 I had a restless, light sleep, waking up briefly a few times each night.
 - 2 I woke up at least once a night, but I went 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 I needed to get up.
 - 1 More than half the time (4 days or more out of the past 7 days), I woke up more than 30 minutes before I needed to get up.
 - 2 I almost always woke up at least one hour or so before I needed to get up, but I went back to sleep eventually.
 - 3 I woke up at least one hour before I needed to get up, and could not go back to sleep.
 4. Sleeping Too Much:
 - 0 I slept no more than 7-8 hours/night, without napping during the day.
 - 1 I slept no more than 10 hours in a 24-hour period including naps.
 - 2 I slept no more than 12 hours in a 24-hour period including naps.
 - 3 I slept more than 12 hours in a 24-hour period including naps.
 5. Feeling Sad:
 - 0 I did not 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 did not 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 did not 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. Response of Your Mood to Good or Desired Events:
 - 0 My mood brightened to a normal level which lasted for several hours when good circumstances occurred.
 - 1 My mood brightened but I did not feel like my normal self when good circumstances occurred.
 - 2 My mood brightened only somewhat to a rather limited range of desired circumstances.
 - 3 My mood did not brighten at all, even when very good or desired circumstances occurred in my life.
 9. Mood in Relation to the Time of Day:
 - 0 There was no regular relationship between my mood and the time of day.
 - 1 My mood was often related to the time of day because of environmental circumstances (e.g., being alone, working).
 - 2 In general, my mood was more related to the time of day than to environmental circumstances.
 - 3 My mood was clearly and predictably better or worse at a particular time each day.
- 9A. Was your mood typically worse in the morning, afternoon or evening? (circle one, if applicable)
- 9B. Was your mood variation attributed to the environment? (yes or no) (circle one)

10. The Quality of Your Mood:

- 0 The mood (internal feelings) that I experienced was very much a normal mood.
- 1 My mood was sad, but this sadness was pretty much like the sad mood I would feel if someone close to me had died or left.
- 2 My mood was sad, but this sadness was a little bit different from the sadness I would feel if someone close to me had died or left.
- 3 My mood 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 lesser amounts of food than usual.
- 2 I ate much less than usual and only with personal effort.
- 3 I rarely ate within a 24-hour period, and only with extreme personal effort or when others persuaded me to eat.

12. Increased Appetite:

- 0 There was no change from my usual appetite.
- 1 I felt a need to eat more frequently than usual.
- 2 I regularly ate more often and/or larger 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 I did not have a change in my weight.
- 1 I feel as if I've had a slight weight loss.
- 2 I lost 1 kilogram or more.
- 3 I lost 2 kilograms or more.

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

- 0 I did not have a change in my weight.
- 1 I feel as if I've had a slight weight gain.
- 2 I gained 1 kilogram or more.
- 3 I gained 2 kilograms 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 struggled to focus my attention or to make decisions.
- 3 I could not concentrate well enough to read or could not make even minor decisions.

16. View of Myself:

- 0 I saw myself as equally worthwhile and deserving as other people.
- 1 I was more self-blaming than usual.
- 2 I largely 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) did not hold much promise of good things for me.
- 3 I saw no hope of anything good happening to me at any time in the future.

18. Thoughts of Death or Suicide:

- 0 I did not 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 my formerly pursued activities.
- 3 I had virtually no interest in formerly pursued activities.

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 could not carry out most of my usual daily activities because I just did not 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 did not 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 rate of speed.
- 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 am sure my thinking was more sluggish than usual.
- 3 I was often unable to respond to questions without extreme effort.

24. Feeling restless:

- 0 I did not feel restless.
- 1 I was often fidgety, wrung my hands, or needed to shift around when I was sitting.
- 2 I had impulses 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 did not have any feeling of heaviness in my arms or legs and did not have any aches or pains.
- 1 Sometimes I had headaches or pains in my stomach, back or joints but these pains were only present some of the time and they did not 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 physical symptoms:

- 0 I did not 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 present only sometimes.
- 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/Phobic symptoms:

- 0 I had no panic spells or specific fears (phobia) (such as of animals or heights).
- 1 I had mild panic episodes or fears that did not usually change my behaviour or stop me from functioning.
- 2 I had significant panic episodes or fears that forced me to change my behaviour but did not stop me from functioning.
- 3 At least once a week, I had panic episodes or severe fears that stopped me from carrying on with my daily activities.

28. Constipation/diarrhoea:

- 0 There was no change in my usual bowel habits.
- 1 I had intermittent constipation or diarrhoea which was mild.
- 2 I had diarrhoea or constipation most of the time but it did not interfere with my day-to-day functioning.
- 3 I had constipation or diarrhoea for which I took medicine or which interfered with my day-to-day activities.

29. Interpersonal Sensitivity:

- 0 I did not easily feel rejected, slighted, criticised or hurt by others at all.
- 1 I occasionally felt rejected, slighted, criticised or hurt by others.
- 2 I often felt rejected, slighted, criticised or hurt by others, but these feelings had only slight effects on my relationships or work.
- 3 I often felt rejected, slighted, criticised or hurt by others and these feelings impaired my relationships and work.

30. Physical Sensation of Exhaustion/Physical Energy:

- 0 I did not experience the sensation of feeling physically exhausted and without physical energy.
- 1 I occasionally experienced periods of feeling physically exhausted and without physical energy, but without a negative effect on work, school, or activity level.
- 2 I felt physically exhausted (without physical energy) more than half the time (4 days or more out of the past 7 days).
- 3 I felt physically exhausted (without physical energy) most of the time, several hours per day, several days per week.

Thank you

Range 0-84 Score: _____

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