


For office use only:

STAR  D QIDS-C₁₆ ANSWER SHEET

Spanish By phone Ad hoc visit

update

QC

Patient ID

Date / /
MM DD YYYY

Level
Week in level

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).

Enter the highest score on any 1 of the 4 sleep items (1-4 above):

- 0
- 1
- 2
- 3

= page total

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- 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.

Rate either 6 or 7 (not both)**6. 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 -**7. 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.

Rate either 8 or 9 (not both)**8. 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 -**9. 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.

Enter the highest score on any 1 of the 4 appetite/weight change items (6-9 above):

 0 1 2 3

+ item 5 = page total

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15. 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.

16. 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.

Enter the highest score of either of the 2 psychomotor items (15 or 16 above):

<input type="checkbox"/> 0
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3

= page total

17. QIDS-C₁₆ = sum of page totals (range: 0-27)