

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 have you had trouble falling asleep?
- 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?
- 6) 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? In the past week, how often have you eaten? Every day? When you do eat, have you noticed that you eat less than usual?
- 7) 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?

- 8/9) Have you noticed any change in your weight? Are your clothes fitting differently than usual? How much has your weight changed in the past 2 weeks?
- 10) 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 _____ ?
- 11) In the past week, have you been feeling especially critical of yourself? Have you been feeling like you have done things wrong, let others down, or caused problems for others? IF YES: What have your thoughts been? In the past week, have you felt worthless? IF YES: How often have you felt worthless? Everyday? All day?
- 12) In the 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.)**
- 13) 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?
- 14) 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?
- 15) 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?
- 16) 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?