

QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)

THIS SECTION FOR USE BY STUDY PERSONNEL ONLY.

Questionnaire completed on visit date or specify date completed: _____
DD-Mon-YYYY

Only the patient (subject) should enter information onto this questionnaire.

TICK THE ONE RESPONSE TO EACH ITEM THAT BEST DESCRIBES YOU FOR THE PAST SEVEN DAYS.

1. Falling Asleep:

- 0 I never take longer than 30 minutes to fall asleep.
- 1 I take at least 30 minutes to fall asleep, less than half the time (3 days or less out of the past 7 days).
- 2 I take at least 30 minutes to fall asleep, more than half the time (4 days or more out of the past 7 days).
- 3 I take 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 do not wake up at night.
- 1 I have a restless, light sleep waking up briefly a few times each night.
- 2 I wake up at least once a night, but I go back to sleep easily.
- 3 I wake up more than once a night and stay 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 wake up no more than 30 minutes before I need to get up.
- 1 More than half the time (4 days or more out of the past 7 days), I wake up more than 30 minutes before I need to get up.
- 2 I almost always wake up at least one hour or so before I need to get up, but I go back to sleep eventually.
- 3 I wake up at least one hour before I need to get up, and cannot go back to sleep.

4. Sleeping Too Much:

- 0 I sleep no more than 7-8 hours/night, without napping during the day.
- 1 I sleep no more than 10 hours in a 24-hour period including naps.
- 2 I sleep no more than 12 hours in a 24-hour period including naps.
- 3 I sleep more than 12 hours in a 24-hour period including naps.

5. Feeling Sad:

- 0 I do not feel sad.
- 1 I feel sad less than half the time (3 days or less out of the past 7 days).
- 2 I feel sad more than half the time (4 days or more out of the past 7 days).
- 3 I feel sad nearly all of the time.

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TICK THE ONE RESPONSE TO EACH ITEM THAT BEST DESCRIBES YOU FOR THE PAST SEVEN DAYS.

Please complete either 6 or 7 (not both)

6. Decreased Appetite:

- 0 There is no change in my usual appetite.
- 1 I eat somewhat less often or lesser amounts of food than usual.
- 2 I eat much less than usual and only with personal effort.
- 3 I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat.

7. Increased Appetite:

- 0 There is no change from my usual appetite.
- 1 I feel a need to eat more frequently than usual.
- 2 I regularly eat more often and/or larger amounts of food than usual.
- 3 I feel driven to overeat both at mealtimes and between meals.

Please complete either 8 or 9 (not both)

8. Decreased Weight (Within the Last 14 Days)

- 0 I have not had a change in my weight.
- 1 I feel as if I have had a slight weight loss.
- 2 I have lost 1 kg or more.
- 3 I have lost 2 kg or more.

9. Increased Weight (Within the Last 14 Days)

- 0 I have not had a change in my weight.
- 1 I feel as if I have had a slight weight gain.
- 2 I have gained 1 kg or more.
- 3 I have gained 2 kg or more.

10. Concentration/Decision Making:

- 0 There is no change in my usual capacity to concentrate or make decisions.
- 1 I occasionally feel indecisive or find that my attention wanders.
- 2 Most of the time I struggle to focus my attention or to make decisions.
- 3 I cannot concentrate well enough to read or cannot make even minor decisions.

11. View of Myself:

- 0 I see myself as equally worthwhile and deserving as other people.
- 1 I am more self-blaming than usual.
- 2 I largely believe that I cause problems for others.
- 3 I think almost constantly about major and minor defects in myself.

12. Thoughts of Death or Suicide:

- 0 I do not think of suicide or death.
- 1 I feel that life is empty or wonder if it is worth living.
- 2 I think of suicide or death several times over the past 7 days for several minutes.
- 3 I think of suicide or death several times a day in some detail or I have made specific plans for suicide or have actually tried to take my life.

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13. General Interest:

- 0 There is no change from usual in how interested I am in other people or activities.
- 1 I notice that I am less interested in people or activities.
- 2 I find I have interest in only one or two of my formerly pursued activities.
- 3 I have virtually no interest in formerly pursued activities.

14. Energy Level:

- 0 There is no change in my usual level of energy.
- 1 I get tired more easily than usual.
- 2 I have 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 cannot carry out most of my usual daily activities because I just don't have the energy.

15. Feeling More Sluggish Than Usual:

- 0 I think, speak, and move at my usual rate of speed.
- 1 I find that my thinking is more sluggish than usual or that my voice sounds dull or flat.
- 2 It takes me several seconds to respond to most questions and I am sure my thinking is more sluggish than usual.
- 3 I am often unable to respond to questions without extreme effort.

16. Feeling Restless:

- 0 I do not feel restless.
- 1 I'm often fidgety, wringing my hands, or need to shift around when I am sitting.
- 2 I have impulses to move about and am quite restless.
- 3 At times, I am unable to stay seated and need to pace around.

Rush et al, Biol Psychiatry (2003) 54: 573-83.

EPI0905.QIDSSR

I confirm that this information is accurate.

Patient's/Subject's initials:

Date:

QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SCORE SHEET)

NOTE: THIS SECTION IS TO BE COMPLETED BY THE STUDY PERSONNEL ONLY.

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

_____ Item 5

_____ Enter the highest score on any 1 of the appetite/weight items (6-9)

_____ Item 10

_____ Item 11

_____ Item 12

_____ Item 13

_____ Item 14

_____ Enter the highest score on either of the 2 psychomotor items (15 and 16)

_____ **Total Score (Range: 0-27)**

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