

INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)

THIS SECTION FOR USE BY STUDY PERSONNEL ONLY.

Did patient (subject) perform self-evaluation? **No** (*provide reason in comments*)

Evaluation performed on visit date **or** specify date: _____

DD-Mon-YYYY

Comments:

Information entered onto this questionnaire should only be done by the subject.

There are 4 responses to each item. Please circle the one that best describes you for the past seven days.

1. Falling Asleep:

- 0 I never take more than 30 minutes to fall asleep.
- 1 I take at least 30 minutes to fall asleep, less than half the time.
- 2 I take at least 30 minutes to fall asleep, more than half the time.
- 3 I take more than 60 minutes to fall asleep, more than half the time.

2. Sleep During the Night:

- 0 I do not wake up at night.
- 1 I have a restless, light sleep with a few brief awakenings 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.

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, 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, but I am able to go back to sleep eventually.
- 3 I wake up at least one hour before I need to, and am not able to go back to sleep.

4. Sleeping Too Much:

- 0 I sleep no more than 7-8 hours per night, without napping during the day.
- 1 I sleep no more than 10 hours per day (in a 24-hour period), including naps.
- 2 I sleep no more than 12 hours per day (in a 24-hour period), including naps.
- 3 I sleep more than 12 hours per day (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.
- 2 I feel sad more than half the time.
- 3 I feel very sad nearly all of the time.

6. Feeling Irritable:

- 0 I do not feel irritable.
- 1 I feel irritable less than half the time.
- 2 I feel irritable more than half the time.
- 3 I feel very irritable nearly all of the time.

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7. Feeling Anxious or Tense:

- 0 I do not feel anxious or tense.
- 1 I feel anxious or tense less than half the time.
- 2 I feel anxious or tense more than half the time.
- 3 I feel very anxious or tense nearly all of the time.

8. Response of Your Mood to Good or Desired Events:

- 0 My mood brightens to a normal level which lasts for several hours when good events occur.
- 1 My mood brightens but I do not feel like my normal self when good events occur.
- 2 My mood brightens only a little when a few, particular, desired events occur.
- 3 My mood does not brighten at all, even when very good or desired events occur in my life.

9. Mood in Relation to the Time of Day:

- 0 There is no direct relationship between my mood and the time of day.
- 1 My mood often relates to the time of day because of environmental events (e.g., being alone, working).
- 2 In general, my mood is more related to the time of day than to environmental events.
- 3 My mood is clearly and predictably better or worse at a particular time each day.

9A. Is your mood typically worse

- 0 in the morning.
- 1 in the afternoon.
- 2 at night.

9B. Is your mood variation attributed to the environment?

- 0 yes.
- 1 no.

10. The Quality of Your Mood:

- 0 The mood (internal feelings) that I experience is very much a normal one.
- 1 My mood is sad, but this sadness is very much like the sad mood I would feel if someone close to me died or left.
- 2 My mood is sad, but this sadness is somewhat different from the sadness I would feel if someone close to me died or left.
- 3 My mood is sad, but this sadness is totally different from the type of sadness associated with grief or loss.

Please answer either 11 or 12 (not both)

11. 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 in a day (a 24-hour period), and I only eat with extreme personal effort or only when others persuade me to do so.

12. Increased Appetite:

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

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Please answer either 13 or 14 (not both)

13. Within the Last Two Weeks:

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight loss in my weight.
- 2 I have lost 2 pounds or more.
- 3 I have lost 5 pounds or more.

14. Within the Last Two Weeks:

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight gain in my weight.
- 2 I have gained 2 pounds or more.
- 3 I have gained 5 pounds or more.

15. 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 I am not able to concentrate.
- 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 even make minor decisions.

16. 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 almost always think about major and minor defects/weaknesses in myself.

17. View of My Future:

- 0 I have an optimistic view of my future.
- 1 I am occasionally pessimistic about my future, but most of the time I believe things will get better.
- 2 I'm quite certain that there will be no good things for me in the immediate future (1-2 months).
- 3 I see no hope that any good things will happen to me anytime in the future.

18. Thoughts of Deaths or Suicide:

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

19. General Interest:

- 0 There is no change in how interested I am in 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 at all in my formerly pursued activities.

20. 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.

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21. Capacity for Pleasure or Enjoyment (excluding sex):

- 0 I enjoy pleasurable activities just as much as usual.
- 1 I do not feel my usual sense of enjoyment from pleasurable activities.
- 2 I seldom get a feeling of pleasure from any activity.
- 3 I am unable to get any pleasure or enjoyment from anything.

22. Interest in Sex (Please Rate Interest not Activity):

- 0 I'm just as interested in sex as usual.
- 1 My interest in sex is somewhat less than usual or I do not get the same pleasure from sex.
- 2 I have little desire for or rarely derive pleasure from sex.
- 3 I have absolutely no interest in or derive no pleasure from sex.

23. Feeling Slowed Down:

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

24. Feeling Restless:

- 0 I do not feel restless.
- 1 I'm sometimes restless, squeeze my hands, or need to shift how I am sitting.
- 2 I am quite restless and have impulses to move about.
- 3 I am often unable to stay seated and find myself walking about all the time.

25. Aches and Pains:

- 0 I don't have any feeling of heaviness in my arms or legs and don't have any aches or pains.
- 1 Though sometimes I get headaches or pains in my stomach, back or joints, they don't stop me from doing what I need to do.
- 2 I have these sorts of pains most of the time.
- 3 These pains are so bad they force me to stop what I am doing.

26. Other Bodily Symptoms:

- 0 I don't have any of these symptoms: heart pounding fast, blurred visions, sweating, hot and cold flashes, chest pain, heart turning over in my chest, ringing in my ears, or shaking.
- 1 Sometimes I have some of these symptoms, but they are mild.
- 2 I have several of these symptoms and they bother me quite a bit.
- 3 I have several of these symptoms and when they occur I have to stop doing whatever I am doing.

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27. Panic/Phobic Symptoms:

- 0 I have no spells of panic or specific fears (phobias) (such as animals or heights).
- 1 I have mild panic episodes or fears that do not usually affect my behavior or functioning.
- 2 I have significant panic episodes or fears that force me to change my behavior but do not stop me from functioning.
- 3 I have panic episodes at least once a week or severe fears that stop me from carrying on my daily activities.

28. Constipation/Diarrhea:

- 0 There is no change in my usual bowel habits.
- 1 I occasionally have constipation or diarrhea which is usually mild.
- 2 I have diarrhea or constipation most of the time but it does not interfere with my day-to-day functioning.
- 3 I have constipation or diarrhea which interferes with my day-to-day activities or I need to take medicine for it.

29. Interpersonal Sensitivity:

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

30. Leadon Paralysis/Physical Energy:

- 0 I have not experienced the physical sensation of feeling weighted down and without physical energy.
- 1 I have 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 feel physically weighted down and without physical energy more than half the time.
- 3 I feel physically weighted down and without physical energy most of the time, several hours per day, several days per week.

Thank you.