

**INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (CLINICIAN-RATED)
(IDS-C)**

NAME: _____ TODAY'S DATE: _____

Please circle one response to each item that best describes the patient for the last seven days.

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 (i.e., for three days or less in the past week).
- 2 Takes at least 30 minutes to fall asleep, more than half the time (i.e., more than three days in the past week).
- 3 Takes more than 60 minutes to fall asleep, more than half the time (i.e., more than three days in the past week).

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 longer than 7-8 hours but no longer than 10 hours in a 24 hour period (include naps).
- 2 Sleeps longer than 10 hours but 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).

5. Mood (Sad):

- 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 nearly all of the time.

6. Mood (Irritable):

- 0 Does not feel irritable.
- 1 Feels irritable less than half the time.
- 2 Feels irritable more than half the time.
- 3 Feels extremely irritable nearly all of the time.

7. Mood (Anxious):

- 0 Does not feel anxious or tense.
- 1 Feels anxious/tense less than half the time.
- 2 Feels anxious/tense more than half the time.
- 3 Feels extremely anxious/tense nearly all of the time.

8. Reactivity of Mood:

- 0 Mood brightens to normal level and lasts several hours when good events occur.
- 1 Mood brightens but does not feel like normal self when good events occur.
- 2 Mood brightens only somewhat with few selected, extremely desired events.
- 3 Mood does not brighten at all, even when very good or desired events occur.

9. Mood Variation:

- 0 Notes no regular relationship between mood and time of day.
 - 1 Mood often relates to time of day due to environmental circumstances.
 - 2 For most of week, mood appears more related to time of day than to events.
 - 3 Mood is clearly, predictably, better or worse at a fixed time each day.
- 9A. Is mood typically worse in MORNING, AFTERNOON, or NIGHT **(CIRCLE ONE)**.
- 9B. Is mood variation attributed to environment by the patient? YES or NO **(CIRCLE ONE)**.

10. Quality of Mood:

- 0 Mood is generally identical to feelings associated with bereavement or is undisturbed.
- 1 Mood is largely like sadness in bereavement, although it may lack explanation, be associated with more anxiety, or be much more intense.
- 2 Less than half the time, mood is qualitatively distinct from grief and therefore difficult to explain to others.
- 3 Mood is qualitatively distinct from grief nearly all of the time.

COMPLETE EITHER 11 OR 12 (NOT BOTH)

11. 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.

12. Appetite (Increased):

- 0 No change from usual appetite.
- 1 More frequently feels a need to eat than usual.
- 2 Eats more often and/or greater amounts than usual.
- 3 Feels driven to overeat at and between meals.

COMPLETE EITHER 13 OR 14 (NOT BOTH)

13. Weight (Decrease) Within the Last Two Weeks:

- 0 Has experienced no weight change.
- 1 Feels as if some slight weight loss occurred.
- 2 Has lost about 1kg or more.
- 3 Has lost about 2.5kg or more.

14. 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 about 1kg or more.
- 3 Has gained about 2.5kg or more.

15. Concentration/Decision Making:

- 0 No change in usual capacity to concentrate and decide.
- 1 Occasionally feels indecisive or notes that attention often wanders.
- 2 Most of the time struggles to focus attention or make decisions.
- 3 Cannot concentrate well enough to read or cannot make even minor decisions.

16. Outlook (Self):

- 0 Sees self as equally worthwhile and deserving as others.
- 1 Is more self-blaming than usual.
- 2 Largely believes that he/she causes problems for others.
- 3 Ruminates over major and minor defects in self.

17. Outlook (Future):

- 0 Views future with usual optimism.
- 1 Occasionally has pessimistic outlook that can be dispelled by others or events.
- 2 Largely pessimistic for the near future.
- 3 Sees no hope for self/situation anytime in the future.

18. Suicidal Ideation:

- 0 Does not think of suicide or death.
- 1 Feels life is empty or is not worth living.
- 2 Thinks of suicide/death several times a week for several minutes.
- 3 Thinks of suicide/death several times a day in depth, or has made specific plans, or attempted suicide.

19. Involvement:

- 0 No change from usual level of interest in other people and activities.
- 1 Notices a reduction in former interests/activities.
- 2 Finds only one or two former interests remain.
- 3 Has almost no interest in formerly pursued activities.

20. Energy/Fatiguability:

- 0 No change in usual level of energy.
- 1 Tires more easily than usual.
- 2 Makes significant personal effort to initiate or maintain usual daily activities.
- 3 Unable to carry out most of usual daily activities due to lack of energy.

21. Pleasure/Enjoyment (exclude sexual activities):

- 0 Participates in and derives usual sense of enjoyment from pleasurable activities.
- 1 Does not feel usual enjoyment from pleasurable activities.
- 2 Rarely derives pleasure from any activities.
- 3 Is unable to register any sense of pleasure/enjoyment from anything.

22. Sexual Interest:

- 0 Has usual interest in or derives usual pleasure from sex.
- 1 Has near usual interest in or derives some pleasure from sex.
- 2 Has little desire for or rarely derives pleasure from sex.
- 3 Has absolutely no interest in or derives no pleasure from sex.

23. 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.

24. 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.

25. Somatic Complaints:

- 0 States there is no feeling of limb heaviness or pains.
- 1 Complains of headaches, abdominal, back or joint pains that are intermittent and not disabling.
- 2 Complains that the above pains are present most of the time.
- 3 Functional impairment results from the above pains.

26. Sympathetic Arousal:

- 0 Reports no palpitations, tremors, blurred vision, tinnitus or increased sweating, dyspnea, hot and cold flashes, chest pain.
- 1 The above are mild and only intermittently present.
- 2 The above are moderate and present more than half the time.
- 3 The above result in functional impairment.

27. Panic/Phobic Symptoms:

- 0 Has neither panic episodes nor phobic symptoms.
- 1 Has mild panic episodes or phobias that do not usually alter behavior or incapacitate.
- 2 Has significant panic episodes or phobias that modify behavior, but do not incapacitate.
- 3 Has incapacitating panic episodes at least once a week or severe phobias that lead to complete and consistent avoidance behavior.

28. Gastrointestinal:

- 0 Has no change in usual bowel habits.
- 1 Has intermittent constipation and/or diarrhea that is mild.
- 2 Has diarrhea and/or constipation most of the time that does not impair functioning.
- 3 Has intermittent presence of constipation and/or diarrhea that requires treatment or causes functional impairment.

29. Interpersonal Sensitivity:

- 0 Has not felt easily rejected, slighted, criticized or hurt by others at all.
- 1 Occasionally feels rejected, slighted, criticized or hurt by others.
- 2 Often feels rejected, slighted, criticized or hurt by others, but with only slight effects on social/occupational functioning.
- 3 Often feels rejected, slighted, criticized or hurt by others that results in impaired social/occupational functioning.

30. Leaden Paralysis/Physical Energy:

- 0 Does not experience the physical sensation of feeling weighted down and without physical energy.
- 1 Occasionally experiences periods of feeling physically weighted down and without physical energy, but without a negative effect on work, school, or activity level.
- 2 Feels physically weighted down (without physical energy) more than half the time.
- 3 Feels physically weighted down (without physical energy) most of the time, several hours per day, several days per week.

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