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Patient's name \_\_\_\_\_

## 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.***

**PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.**

#### **1. Falling asleep:**

- 0 I never took longer than 30 minutes to fall asleep.
- 1 I took at least 30 minutes to fall asleep, less than half the time (3 days or less out of the past 7 days).
- 2 I took at least 30 minutes to fall asleep, more than half the time (4 days or more out of the past 7 days).
- 3 I took 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 didn't wake up at night.
- 1 I had a restless, light sleep, briefly waking up a few times each night.
- 2 I woke up at least once a night, but I got back to sleep easily.
- 3 I woke up more than once a night and stayed 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 woke up no more than 30 minutes before my scheduled time.
- 1 More than half the time (4 days or more out of the past 7 days), I woke up more than 30 minutes before my scheduled time.
- 2 I almost always woke up at least one hour or so before my scheduled time, but I got back to sleep eventually.
- 3 I woke up at least one hour before my scheduled time, and couldn't get back to sleep.

#### **4. Sleeping too much:**

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

#### **5. Feeling sad:**

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

## QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)

PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.

Please complete either 6 or 7 (not both)

### 6. Decreased appetite:

- 0 There was no change in my usual appetite.
- 1 I ate somewhat less often or smaller amounts of food than usual.
- 2 I ate much less than usual and only by forcing myself to eat.
- 3 I rarely ate within a 24-hour period, and only by really forcing myself to eat or when others persuaded me to eat.

### 7. Increased appetite:

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

Please complete either 8 or 9 (not both)

### 8. Decreased weight (within the last 14 days):

- 0 My weight has not changed.
- 1 I feel as if I've had a slight weight loss.
- 2 I've lost 2 pounds (about 1 kilo) or more.
- 3 I've lost 5 pounds (about 2 kilos) or more.

### 9. Increased weight (within the last 14 days):

- 0 My weight has not changed.
- 1 I feel as if I've had a slight weight gain.
- 2 I've gained 2 pounds (about 1 kilo) or more.
- 3 I've gained 5 pounds (about 2 kilos) or more.

### 10. Concentration/decision-making:

- 0 There was no change in my usual ability to concentrate or make decisions.
- 1 I occasionally felt indecisive or found that my attention wandered.
- 2 Most of the time, I found it hard to focus or to make decisions.
- 3 I couldn't concentrate well enough to read or I couldn't make even minor decisions.

### 11. Perception of myself:

- 0 I saw myself as equally worthwhile and deserving as other people.
- 1 I put the blame on myself more than usual.
- 2 For the most part, I believed that I caused problems for others.
- 3 I thought almost constantly about major and minor defects in myself.

### 12. Thoughts of my own death or suicide:

- 0 I didn't think of suicide or death.
- 1 I felt that life was empty or wondered if it was worth living.
- 2 I thought of suicide or death several times for several minutes over the past 7 days.
- 3 I thought of suicide or death several times a day in some detail, or I made specific plans for suicide or actually tried to take my life.

## QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)

PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.

### 13. General interest:

- 0 There was no change from usual in how interested I was in other people or activities.
- 1 I noticed that I was less interested in other people or activities.
- 2 I found I had interest in only one or two of the activities I used to do.
- 3 I had virtually no interest in the activities I used to do.

### 14. Energy level:

- 0 There was no change in my usual level of energy.
- 1 I got tired more easily than usual.
- 2 I had 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 couldn't carry out most of my usual daily activities because I just didn't have the energy.

### 15. Feeling more sluggish than usual:

- 0 I thought, spoke, and moved at my usual pace.
- 1 I found that my thinking was more sluggish than usual or my voice sounded dull or flat.
- 2 It took me several seconds to respond to most questions and I was sure my thinking was more sluggish than usual.
- 3 I was often unable to respond to questions without forcing myself.

### 16. Feeling restless (agitated, not relaxed, fidgety):

- 0 I didn't feel restless.
- 1 I was often fidgety, wringing my hands, or needed to change my sitting position.
- 2 I had sudden urges to move about and was quite restless.
- 3 At times, I was unable to stay seated and needed to pace around.

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

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***I confirm 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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