The QIDS-SR 16 patient self-assessment tool appears on the next page.
That page is perforated so you can tear it out and duplicate it for use in your office.

QIDS-SR 16
Quick Inventory of Depressive Symptomatology — Self-Report

Physician Tool Box

The Quick Inventory of Depressive Symptomatology—Self-Report was developed by A. John Rush, MD, and is derived from the 30-item Inventory of Depressive Symptomatology (IDS), which has seen many years of use at the University of Texas Southwestern Medical School.

This 16-question self-test for your patients may help you and your patients become aware of some signs and symptoms of depression and open the door to further discussion about these issues. The test measures nine different criterion domains of major depression.

Scoring

Each of the four possible answers to each quiz question is given an ascending numerical value from 0 to 3, and the total test score is calculated by using the following formula:

Enter the highest score on any 1 of the 4 sleep items, questions 1-4 _____

Enter the score from question 5 _____

Enter the highest score on any 1 appetite/weight item, questions 6-9 _____

Enter the score from question 10 _____

Enter the score from question 11 _____

Enter the score from question 12 _____

Enter the score from question 13 _____

Enter the score from question 14 _____

Enter the highest score on either of the 2 psychomotor items, questions 15 and 16 _____

TOTAL SCORE (Range 0-27) _____

Interpreting the scores

Severity of Depression

0	- 5	=	None
6	- 10	=	Mild
11	- 15	=	Moderate
16	- 20	=	Severe
21	- 27	=	Very Severe

FOR PHYSICIAN USE

TEAR ALONG PERFORATION; COPY FOR PATIENT USE.

Tell us about yourself

NAME: _____ DATE: _____

Please circle 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.
- 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 awaken 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 awaken no more than 30 minutes before I need to get up.
- 1 More than half the time, I awaken more than 30 minutes before I need to get up.
- 2 I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually.
- 3 I awaken at least one hour before I need to and can't go back to sleep.

4. Sleeping Too Much:
- 0 I sleep no longer than 7-8 hours/night, without napping during the day.
- 1 I sleep no longer than 10 hours in a 24-hour period including naps.
- 2 I sleep no longer than 12 hours in a 24-hour period including naps.
- 3 I sleep longer 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.
- 2 I feel sad more than half the time.
- 3 I feel sad nearly all the time.

(Please complete either 6 or 7)

6. Decreased Appetite:
- 0 My usual appetite has not decreased.
- 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 My usual appetite has not increased.
- 1 I feel a need to eat more frequently 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.

(Please complete either 8 or 9)

8. Decreased Weight (within the last 2 weeks):
- 0 My weight has not decreased.
- 1 I feel as if I've had a slight weight loss.
- 2 I have lost 2 pounds or more.
- 3 I have lost 5 pounds or more.

9. Increased Weight (within the last 2 weeks):
- 0 I have not had a change in my weight
- 1 I feel as if I've had a slight weight gain.
- 2 I have gained 2 pounds or more.
- 3 I have gained 5 pounds or more.

over

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 Suicide or Death:

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 have actually tried to take my life.

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 do not have the energy.

15. Feeling Slowed Down:

0 I think, speak and move at my usual rate of speed.

1 I find that my thinking is slowed down 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 slowed.

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, wring my hands, or need to shift how 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.

FOR PHYSICIAN USE

TO SCORE:

1. Enter the highest score on any 1 of the 4 sleep items (1- 4) _____
2. Item 5 _____
3. Enter the highest score on any 1 appetite/weight item (6 - 9) _____
4. Item 10 _____
5. Item 11 _____
6. Item 12 _____
7. Item 13 _____
8. Item 14 _____
9. Enter the highest score on either of the 2 psychomotor items (15 and 16) _____

TOTAL SCORE (RANGE 0 - 27) _____

TEAR ALONG PERFORATION; COPY FOR PATIENT USE.