

Quick Inventory of Depressive Symptomatology (Self-Report) (QIDS-SR16)

NAME:

TODAY'S 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.

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

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 of the time.

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 greater amounts of food than usual.

3 I feel driven to overeat both at mealtime and between meals.

8. Decreased Weight (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 weight loss.

2 I have lost 2 pounds or more.

3 I have lost 5 pounds or more.

9. Increased Weight (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 weight gain.

2 I have gained 2 pounds or more.

3 I have gained 5 pounds or more.

Enter the highest score on any 1 of the 4 appetite/weight change items (6–9 above) _____

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'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 for suicide 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 don't 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, wringing 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.

Enter the highest score on either of the 2 psychomotor items (15 or 16 above)

Total Score: _____ (Range 0–27)