

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

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.

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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.

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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.*

EPI0905.QIDSSR

**I confirm this information is accurate.**

Patient's/Subject's initials:

Date:

# MOOD DISORDER QUESTIONNAIRE (MDQ)

## INSTRUCTIONS:

Please answer each question as best you can.

Yes No

- 1** Has there ever been a period of time when you were not your usual self and ...
- you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?  Yes  No
  - you were so irritable that you shouted at people or started fights or arguments?  Yes  No
  - you felt much more self-confident than usual?  Yes  No
  - you got much less sleep than usual and found that you didn't really miss it?  Yes  No
  - you were more talkative or spoke much faster than usual?  Yes  No
  - thoughts raced through your head or you couldn't slow your mind down?  Yes  No
  - you were so easily distracted by things around you that you had trouble concentrating or staying on track?  Yes  No
  - you had much more energy than usual?  Yes  No
  - you were much more active or did many more things than usual?  Yes  No
  - you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?  Yes  No
  - you were much more interested in sex than usual?  Yes  No
  - you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?  Yes  No
  - spending money got you or your family in trouble?  Yes  No

**2** If you checked YES to more than one of the above, have several of these ever happened during the same period of time?  Yes  No

**3** How much of a problem did any of these cause you—like being unable to work; having family, money or legal trouble; getting into arguments or fights?

- No problem     Minor problem     Moderate problem     Serious problem