



**STANFORD**  
**PATIENT EDUCATION**  
**RESEARCH CENTER**

**Center for Epidemiologic Studies Depression Scale (CES-D)**

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the **past week**: (*circle one number on each line*)

<b>During the past week...</b>	<b>Rarely or none of the time</b> <small>(less than 1 day)</small>	<b>Some or a little of the time</b> <small>(1-2 days)</small>	<b>Occasionally or a moderate amount of time</b> <small>(3-4 days)</small>	<b>All of the time</b> <small>(5-7days)</small>
1. I was bothered by things that usually don't bother me.....0	1	2	3	
2. I did not feel like eating; my appetite was poor.....0	1	2	3	
3. I felt that I could not shake off the blues even with help from my family.....0	1	2	3	
4. I felt that I was just as good as other people.....0	1	2	3	
5. I had trouble keeping my mind on what I was doing .....0	1	2	3	
6. I felt depressed .....0	1	2	3	
7. I felt that everything I did was an effort .....0	1	2	3	
8. I felt hopeful about the future .....0	1	2	3	
9. I thought my life had been a failure.....0	1	2	3	
10. I felt fearful .....0	1	2	3	
11. My sleep was restless.....0	1	2	3	
12. I was happy.....0	1	2	3	
13. I talked less than usual .....0	1	2	3	
14. I felt lonely.....0	1	2	3	
15. People were unfriendly .....0	1	2	3	

<b>During the past week...</b>	<b>Rarely or none of the time</b> (less than 1 day)	<b>Some or a little of the time</b> (1-2 days)	<b>Occasionally or a moderate amount of time</b> (3-4 days)	<b>All of the time</b> (5-7days)
16. I enjoyed life .....	0	1	2	3
17. I had crying spells .....	0	1	2	3
18. I felt sad .....	0	1	2	3
19. I felt that people disliked me .....	0	1	2	3
20. I could not "get going" .....	0	1	2	3

## Scoring

<b>Item Weights</b>	<b>Rarely or none of the time</b> (less than 1 day)	<b>Some of a little of the time</b> (1-2 days)	<b>Occasionally or a moderate amount of the time</b> (3-4 days)	<b>All of the time</b> (5-7 days)
Items 4, 8, 12, & 16	3	2	1	0
All other items:	0	1	2	3

Score is the sum of the 20 item weights. If more than 4 items are missing, do not score the scale. A score of 16 or greater is considered depressed.

## Characteristics

Tested on 175 subjects.

No. of items	Observed Range	Mean	Standard Deviation	Internal Consistency Reliability	Test-Retest Reliability
20	1-53	16.2	10.9	.91	NA

## Source of Psychometric Data

Stanford Arthritis Self-Management Study, 1996. Unpublished.

## Comments

We are no longer using the CES-D in multiethnic studies because we have found that the norms for various ethnic groups differ. This scale is available in Spanish.

## References

Radloff LS, The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 1977, pp.385-401.

*This scale is free to use without permission*

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Funded by the National Institute of Nursing Research (NINR)

## **Checklist of Clinical Situations in Which Screening for a Major Depressive Episode Should Be Considered**

- Chronic pain or other somatoform illness
- Endocrinologic illness (eg, diabetes, thyroid)
- Post myocardial infarction
- Post stroke
- Presence of malignancy
- Presence of other serious, chronic, or life-threatening illness (advanced diabetes, advanced COPD)
- Substance abuse
- Complaints of depressed mood, decreased interest, suicidal ideation
- Chronic insomnia
- Chronic fatigue
- Recent trauma
- Chronic unemployment
- Recent loss of job

# Depression Evaluation: Initial Visit

Name \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

**PHQ-9**

Anhedonia \_\_\_\_\_

Dysphoria \_\_\_\_\_

Insomnia \_\_\_\_\_

Tired \_\_\_\_\_

Appetite \_\_\_\_\_

Failure \_\_\_\_\_

Concentration \_\_\_\_\_

Slow/restless \_\_\_\_\_

Death \_\_\_\_\_

Score \_\_\_\_\_

Difficulty \_\_\_\_\_

**Past Med Hx**

*check positives*

CAD

Thyroid

CVA

Parkinson's

Alcoholism

Depression

Suicide

Drug

Cancer

Sensory

Pain

Dementia

Anxiety

Psych

Manic

Diabetes

**Fam Hx** \_\_\_\_\_

Dementia

Parkinson's

Depression

Stroke

CAD

Diabetes

Mental illness

Suicide

**Story of the Illness**

**Current Medical History**

**Psychiatric History**

**Medications**

**Positives (FHx, occup., habits, function)**

**ROS**

- circle positives*
- Nerves
  - Headache
  - Pain
  - Sex
  - Tired
  - Health
  - Sleep
  - Weight
  - Memory
  - Digestive
  - Constipation
  - Bereaved
  - Move
  - Abuse
  - Job loss
  - Pet

**Education**  
\_\_\_\_\_ /yrs.

**Employment**

**CAGE Questionnaire**

- circle positives*
- Cut down
  - Annoyed
  - Guilt
  - Eye opener

**Health Habits:**

**Tobacco**  
\_\_\_\_\_ /pk-yrs.

**Alcohol**  
\_\_\_\_\_ /day

<b>Vital Signs</b> BP ____		P__ T__	Wt. __lb	Ht. __in
<b>Eyes</b>	<input type="checkbox"/> nl conjunctiva & lids	<b>MS Gait</b>	<input type="checkbox"/> nl gait & station	
Pupils	<input type="checkbox"/> pupils symmetrical, reactive	Nails	<input type="checkbox"/> no clubbing, cyanosis	
Fundus	<input type="checkbox"/> nl discs & pos elements	Check nl, circ abn	ROM	Strength
			Tone	Abnormals
			<input type="checkbox"/>	<input type="checkbox"/>
<b>ENT-External</b>	<input type="checkbox"/> no scars, lesions, masses	<b>Skin</b>	<input type="checkbox"/> nl to inspection & palpation	
Otoscopic	<input type="checkbox"/> nl canals & tympanic membranes	<b>Neurologic</b>	<input type="checkbox"/> nl alertness, attentive	
Hearing	<input type="checkbox"/> nl to _____	Cranial nerves	<input type="checkbox"/> w/o gross deficit	
Intranasal	<input type="checkbox"/> nl mucosa, septum, turbinate	Coordination	<input type="checkbox"/> nl rapid alternating movement	
Ant. Oral	<input type="checkbox"/> nl lips, teeth, gums	DTR's	<input type="checkbox"/> symmetrical, __ (scale: 0-4+)	
Oropharynx	<input type="checkbox"/> nl tongue, palate, pharynx	Sensation	<input type="checkbox"/> nl touch, proprioception	
<b>Neck palp.</b>	<input type="checkbox"/> symmetrical without masses			<b>MMSE</b>
Thyroid	<input type="checkbox"/> no enlargement or tenderness			
<b>Resp. effort</b>	<input type="checkbox"/> nl without retractions	<b>Psych Orient'n</b>	<input type="checkbox"/> nl to day, mo, yr, time, location	___/10
Chest percuss.	<input type="checkbox"/> no dullness or hyperresonance	Registration	<input type="checkbox"/> register 3 items	___/3
Chest palp.	<input type="checkbox"/> no fremitus	Attn/Calc	<input type="checkbox"/> serial subtraction, world bckwd	___/5
Auscultation	<input type="checkbox"/> nl bilateral breath sounds w/o rales	Recall	<input type="checkbox"/> recall 3 items	___/3
<b>Heart palp.</b>	<input type="checkbox"/> nl location, size	Language	<input type="checkbox"/> nl nam'g, repit'n, compr'n, read'g, rit'g	___/8
Cardiac ausc.	<input type="checkbox"/> no murmur, gallop, or rub	Visuospatial	<input type="checkbox"/> copy design, clock	___/1
Carotids	<input type="checkbox"/> nl intensity w/o bruit	Knowledge	<input type="checkbox"/> current/past presidents	totals ___/30
Pedal pulses	<input type="checkbox"/> nl posterior tibial & dorsalis pedis	Mood	<input type="checkbox"/> nl GDS	GDS Score ___/15
<b>Breasts</b>	<input type="checkbox"/> nl inspection & palpation	<b>GDS (circle positives)</b>		
<b>Abdomen</b>	<input type="checkbox"/> no masses or tenderness	Satisfied	Afraid	Wonderful
L/S	<input type="checkbox"/> no liver/spleen	Dropped	Happy	Worthless
Hernia	<input type="checkbox"/> no hernia identified	Empty	Helpless	Energy
Anus/rectal	<input type="checkbox"/> no abnormality or masses	Bored	Stay home	Hopeless
GU male	<input type="checkbox"/> nl to inspection & palpation	Spirits	Memory	Others better
Prostate	<input type="checkbox"/> nl size w/o nodularity	Better off dead?		
GU female	<input type="checkbox"/> external genitalia nl w/o lesions	Considered harming yourself?		
Int. inspection	<input type="checkbox"/> nl bladder, urethra, & vagina	<b>Speech</b>	<input type="checkbox"/> nl rate, volume	
Cervix	<input type="checkbox"/> nl appearance w/o discharge	Thought cont.	<input type="checkbox"/> logical, coherent	
Uterus	<input type="checkbox"/> nl size, position, w/o tenderness	Psychosis	<input type="checkbox"/> no hallucinations, delusions	
Adnexa	<input type="checkbox"/> no masses or tenderness	Judgement	<input type="checkbox"/> nl	
<b>Lymphatic</b>	<input type="checkbox"/> nl neck & axillae	Behavior	<input type="checkbox"/> cooperative, appropriate	
Lymph other	<input type="checkbox"/>			
<b>Additional Description of positive findings:</b>				

## Diagnostic Assessment

## Recommendations

### Educational Materials

- Depression
- How Do I Know If I'm Depressed?
- Evaluation of Depression
- Treatment of Depression
- Drug Treatment of Depression
- Mental Health Specialists
- Taking Care of Yourself
- What If I Don't Feel Better?

## ***DSM-IV* Criteria for Major Depressive Disorder**

Major Depressive Disorder is characterized by the presence of the majority of these symptoms:

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (eg, feels sad or empty) or observation made by others (eg, appears tearful). (In children and adolescents, this may be characterized as an irritable mood.)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
- Significant weight loss when not dieting or weight gain (eg, a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day
- Diminished ability to think or concentrate, or indecisiveness, nearly every day
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Source:

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 4th edition. Washington, DC: American Psychiatric Association, 1994.



**INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)  
(IDS-SR)**

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.
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. Feeling Irritable:
  - 0 I do not feel irritable.
  - 1 I feel irritable less than half the time.
  - 2 I feel irritable more than half the time.
  - 3 I feel extremely irritable nearly all of the time.
7. Feeling Anxious or Tense:
  - 0 I do not feel anxious or tense.
  - 1 I feel anxious (tense) less than half the time.
  - 2 I feel anxious (tense) more than half the time.
  - 3 I feel extremely anxious (tense) nearly all of the time.
8. Response of Your Mood to Good or Desired Events:
  - 0 My mood brightens to a normal level which lasts for several hours when good events occur.
  - 1 My mood brightens but I do not feel like my normal self when good events occur.
  - 2 My mood brightens only somewhat to a rather limited range of desired events.
  - 3 My mood does not brighten at all, even when very good or desired events occur in my life.
9. Mood in Relation to the Time of Day:
  - 0 There is no regular relationship between my mood and the time of day.
  - 1 My mood often relates to the time of day because of environmental events (e.g., being alone, working).
  - 2 In general, my mood is more related to the time of day than to environmental events.
  - 3 My mood is clearly and predictably better or worse at a particular time each day.

9A. Is your mood typically worse in the morning, afternoon or night? (circle one)

9B. Is your mood variation attributed to the environment? (yes or no) (circle one)
10. The Quality of Your Mood:
  - 0 The mood (internal feelings) that I experience is very much a normal mood.
  - 1 My mood is sad, but this sadness is pretty much like the sad mood I would feel if someone close to me died or left.
  - 2 My mood is sad, but this sadness has a rather different quality to it than the sadness I would feel if someone close to me died or left.
  - 3 My mood is sad, but this sadness is different from the type of sadness associated with grief or loss.

**Please complete either 11 or 12 (not both)**

11. 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.

12. 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.

**Please complete either 13 or 14 (not both)**

13. 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.

14. 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.

15. 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.

16. 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.

17. View of My Future:

- 0 I have an optimistic view of my future.
- 1 I am occasionally pessimistic about my future, but for the most part I believe things will get better.
- 2 I'm pretty certain that my immediate future (1-2 months) does not hold much promise of good things for me.
- 3 I see no hope of anything good happening to me anytime in the future.

18. 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.

19. 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.

20. 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.

21. Capacity for Pleasure or Enjoyment (excluding sex):

- 0 I enjoy pleasurable activities just as much as usual.
- 1 I do not feel my usual sense of enjoyment from pleasurable activities.
- 2 I rarely get a feeling of pleasure from any activity.
- 3 I am unable to get any pleasure or enjoyment from anything.

22. Interest in Sex (Please Rate Interest, not Activity):

- 0 I'm just as interested in sex as usual.
- 1 My interest in sex is somewhat less than usual or I do not get the same pleasure from sex as I used to.
- 2 I have little desire for or rarely derive pleasure from sex.
- 3 I have absolutely no interest in or derive no pleasure from sex.

23. 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.

24. 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.

25. Aches and pains:

- 0 I don't have any feeling of heaviness in my arms or legs and don't have any aches or pains.
- 1 Sometimes I get headaches or pains in my stomach, back or joints but these pains are only sometime present and they don't stop me from doing what I need to do.
- 2 I have these sorts of pains most of the time.
- 3 These pains are so bad they force me to stop what I am doing.

26. Other bodily symptoms:

- 0 I don't have any of these symptoms: heart pounding fast, blurred vision, sweating, hot and cold flashes, chest pain, heart turning over in my chest, ringing in my ears, or shaking.
- 1 I have some of these symptoms but they are mild and are present only sometimes.
- 2 I have several of these symptoms and they bother me quite a bit.
- 3 I have several of these symptoms and when they occur I have to stop doing whatever I am doing.

27. Panic/Phobic symptoms:

- 0 I have no spells of panic or specific fears (phobia) (such as animals or heights).
- 1 I have mild panic episodes or fears that do not usually change my behavior or stop me from functioning.
- 2 I have significant panic episodes or fears that force me to change my behavior but do not stop me from functioning.
- 3 I have panic episodes at least once a week or severe fears that stop me from carrying on my daily activities.

28. Constipation/diarrhea:

- 0 There is no change in my usual bowel habits.
- 1 I have intermittent constipation or diarrhea which is mild.
- 2 I have diarrhea or constipation most of the time but it does not interfere with my day-to-day functioning.
- 3 I have constipation or diarrhea for which I take medicine or which interferes with my day-to-day activities.

29. Interpersonal Sensitivity:

- 0 I have not felt easily rejected, slighted, criticized or hurt by others at all.
- 1 I have occasionally felt rejected, slighted, criticized or hurt by others.
- 2 I have often felt rejected, slighted, criticized or hurt by others, but these feelings have had only slight effects on my relationships or work.
- 3 I have often felt rejected, slighted, criticized or hurt by others and these feelings have impaired my relationships and work.

30. Leaden Paralysis/Physical Energy:

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

Which 3 items (questions) were the easiest to understand? \_\_\_\_\_

Thank you

Range 0-84     Score: \_\_\_\_\_

# Montgomery-Åsberg Depression Rating Scale (MADRS)

The rating should be based on a clinical interview moving from broadly phrased questions about symptoms to more detailed ones which allow a precise rating of severity. The rater must decide whether the rating lies on the defined scale steps (0, 2, 4, 6) or between them (1, 3, 5) and then report the appropriate number. The items should be rated with regards to how the patient has done over the past week.

## **1. Apparent sadness**

Representing despondency, gloom and despair (more than just ordinary transient low spirits), reflected in speech, facial expression, and posture. Rate by depth and inability to brighten up.

- 0 = No sadness.
- 2 = Looks dispirited but does brighten up without difficulty.
- 4 = Appears sad and unhappy most of the time.
- 6 = Looks miserable all the time. Extremely despondent

## **2. Reported sadness**

Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope.

- 0 = Occasional sadness in keeping with the circumstances.
- 2 = Sad or low but brightens up without difficulty.
- 4 = Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances.
- 6 = Continuous or unvarying sadness, misery or despondency.

## **3. Inner tension**

Representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for.

- 0 = Placid. Only fleeting inner tension.
- 2 = Occasional feelings of edginess and ill-defined discomfort.
- 4 = Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty.
- 6 = Unrelenting dread or anguish. Overwhelming panic.

## **4. Reduced sleep**

Representing the experience of reduced duration or depth of sleep compared to the subject's own normal pattern when well.

- 0 = Sleeps as normal.
- 2 = Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep.
- 4 = Moderate stiffness and resistance
- 6 = Sleep reduced or broken by at least 2 hours.

## **5. Reduced appetite**

Representing the feeling of a loss of appetite compared with when-well. Rate by loss of desire for food or the need to force oneself to eat.

- 0 = Normal or increased appetite.
- 2 = Slightly reduced appetite.
- 4 = No appetite. Food is tasteless.
- 6 = Needs persuasion to eat at all.

## **6. Concentration difficulties**

Representing difficulties in collecting one's thoughts amounting to an incapacitating lack of concentration. Rate according to intensity, frequency, and degree of incapacity produced.

- 0 = No difficulties in concentrating.
- 2 = Occasional difficulties in collecting one's thoughts.
- 4 = Difficulties in concentrating and sustaining thought which reduced ability to read or hold a conversation.
- 6 = Unable to read or converse without great difficulty.

## **7. Lassitude**

Representing difficulty in getting started or slowness in initiating and performing everyday activities.

- 0 = Hardly any difficulty in getting started. No sluggishness.
- 2 = Difficulties in starting activities.
- 4 = Difficulties in starting simple routine activities which are carried out with effort.
- 6 = Complete lassitude. Unable to do anything without help.

## **8. Inability to feel**

Representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced.

- 0 = Normal interest in the surroundings and in other people.
- 2 = Reduced ability to enjoy usual interests.
- 4 = Loss of interest in the surroundings. Loss of feelings for friends and acquaintances.
- 6 = The experience of being emotionally paralysed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends.

## **9. Pessimistic thoughts**

Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin.

- 0 = No pessimistic thoughts.
- 2 = Fluctuating ideas of failure, self-reproach or self-depreciation.
- 4 = Persistent self-accusations, or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future.
- 6 = Delusions of ruin, remorse or irredeemable sin. Self-accusations which are absurd and unshakable.

## **10. Suicidal thoughts**

Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicide attempts should not in themselves influence the rating.

- 0 = Enjoys life or takes it as it comes.
- 2 = Weary of life. Only fleeting suicidal thoughts.
- 4 = Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention.
- 6 = Explicit plans for suicide when there is an opportunity. Active preparations for suicide.

## **QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT) (QIDS-SR 16)**

*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 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.

## **QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT) (QIDS-SR 16)**

*Please circle the one response to each item that best describes you for the past seven days.*

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.

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.

## **QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT) (QIDS-SR 16)**

*Please circle the one response to each item that best describes you for the past seven days.*

### 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.



**Scoring Instructions for the IDS-C<sub>30</sub>/IDS-SR<sub>30</sub>  
and QIDS-C<sub>16</sub>/QIDS-SR<sub>16</sub>**

**IDS-C<sub>30</sub>/IDS-SR<sub>30</sub>**

1. Score 28 of the 30 items.  
Score either item 11 or item 12, *not both*.  
Score either item 13 or item 14, *not both*.  
If both 11 and 12 (or 13 and 14) are completed by accident, score the highest of the two items.
2. Sum the item scores for a total score. Total score range 0-84.

**QIDS-C<sub>16</sub>/QIDS-SR<sub>16</sub>**

1. Enter the highest score on any 1 of the 4 sleep items (1-4) \_\_\_\_\_
2. Enter score on item 5 \_\_\_\_\_
3. Enter the highest score on any 1 of the appetite/weight items (6-9) \_\_\_\_\_
4. Enter score on item 10 \_\_\_\_\_
5. Enter score on item 11 \_\_\_\_\_
6. Enter score on item 12 \_\_\_\_\_
7. Enter score on item 13 \_\_\_\_\_
8. Enter score on item 14 \_\_\_\_\_
9. Enter the highest score on either of the 2 psychomotor items (15 and 16) \_\_\_\_\_
10. Sum the item scores for a total score. Total score range 0-27. \_\_\_\_\_

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## THE HAMILTON RATING SCALE FOR DEPRESSION

(to be administered by a health care professional)

Patient's Name \_\_\_\_\_

Date of Assessment \_\_\_\_\_

To rate the severity of depression in patients who are already diagnosed as depressed, administer this questionnaire. The higher the score, the more severe the depression.

**For each item, write the correct number on the line next to the item. (Only one response per item)**

- \_\_\_\_\_ **1. DEPRESSED MOOD** (Sadness, hopeless, helpless, worthless)
- 0=** Absent
  - 1=** These feeling states indicated only on questioning
  - 2=** These feeling states spontaneously reported verbally
  - 3=** Communicates feeling states non-verbally—i.e., through facial expression, posture, voice, and tendency to weep
  - 4=** Patient reports VIRTUALLY ONLY these feeling states in his spontaneous verbal and non-verbal communication
- \_\_\_\_\_ **2. FEELINGS OF GUILT**
- 0=** Absent
  - 1=** Self reproach, feels he has let people down
  - 2=** Ideas of guilt or rumination over past errors or sinful deeds
  - 3=** Present illness is a punishment. Delusions of guilt
  - 4=** Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations
- \_\_\_\_\_ **3. SUICIDE**
- 0=** Absent
  - 1=** Feels life is not worth living
  - 2=** Wishes he were dead or any thoughts of possible death to self
  - 3=** Suicidal ideas or gesture
  - 4=** Attempts at suicide (any serious attempt rates 4)
- \_\_\_\_\_ **4. INSOMNIA EARLY**
- 0=** No difficulty falling asleep
  - 1=** Complains of occasional difficulty falling asleep—i.e., more than 1/2 hour
  - 2=** Complains of nightly difficulty falling asleep
- \_\_\_\_\_ **5. INSOMNIA MIDDLE**
- 0=** No difficulty
  - 1=** Patient complains of being restless and disturbed during the night
  - 2=** Waking during the night—any getting out of bed rates 2 (except for purposes of voiding)

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**6. INSOMNIA LATE**

0= No difficulty

1= Waking in early hours of the morning but goes back to sleep

2= Unable to fall asleep again if he gets out of bed

**7. WORK AND ACTIVITIES**

0= No difficulty

1= Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies

2= Loss of interest in activity; hobbies or work—either directly reported by patient, or indirect in listlessness, indecision and vacillation (feels he has to push self to work or activities)

3= Decrease in actual time spent in activities or decrease in productivity

4= Stopped working because of present illness

**8. RETARDATION: PSYCHOMOTOR** (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)

0= Normal speech and thought

1= Slight retardation at interview

2= Obvious retardation at interview

3= Interview difficult

4= Complete stupor

**9. AGITATION**

0= None

1= Fidgetiness

2= Playing with hands, hair, etc.

3= Moving about, can't sit still

4= Hand wringing, nail biting, hair-pulling, biting of lips

**10. ANXIETY (PSYCHOLOGICAL)**

0= No difficulty

1= Subjective tension and irritability

2= Worrying about minor matters

3= Apprehensive attitude apparent in face or speech

4= Fears expressed without questioning

**11. ANXIETY SOMATIC:** Physiological concomitants of anxiety, (i.e., effects of autonomic overactivity, "butterflies," indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency). Avoid asking about possible medication side effects (i.e., dry mouth, constipation)

0= Absent

1= Mild

2= Moderate

3= Severe

4= Incapacitating

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**12. SOMATIC SYMPTOMS (GASTROINTESTINAL)**

\_\_\_\_\_ **0=** None

**1=** Loss of appetite but eating without encouragement from others. Food intake about normal

**2=** Difficulty eating without urging from others. Marked reduction of appetite and food intake

**13. SOMATIC SYMPTOMS GENERAL**

\_\_\_\_\_ **0=** None

**1=** Heaviness in limbs, back or head. Backaches, headache, muscle aches. Loss of energy and fatigability

**2=** Any clear-cut symptom rates 2

**14. GENITAL SYMPTOMS** (Symptoms such as: loss of libido; impaired sexual performance; menstrual disturbances)

\_\_\_\_\_ **0=** Absent

**1=** Mild

**2=** Severe

**15. HYPOCHONDRIASIS**

\_\_\_\_\_ **0=** Not present

**1=** Self-absorption (bodily)

**2=** Preoccupation with health

**3=** Frequent complaints, requests for help, etc.

**4=** Hypochondriacal delusions

**16. LOSS OF WEIGHT**

\_\_\_\_\_ **A.** When rating by history:

**0=** No weight loss

**1=** Probably weight loss associated with present illness

**2=** Definite (according to patient) weight loss

**3=** Not assessed

**17. INSIGHT**

\_\_\_\_\_ **0=** Acknowledges being depressed and ill

**1=** Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.

**2=** Denies being ill at all

**18. DIURNAL VARIATION**

\_\_\_\_\_ **A.** Note whether symptoms are worse in morning or evening. If NO diurnal variation, mark none

**0=** No variation

**1=** Worse in A.M.

**2=** Worse in P.M.

\_\_\_\_\_ **B.** When present, mark the severity of the variation. Mark "None" if NO variation

**0=** None

**1=** Mild

**2=** Severe

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**19. DEPERSONALIZATION AND DEREALIZATION** (Such as: Feelings of unreality;  
Nihilistic ideas)

- \_\_\_\_\_ **0=** Absent  
**1=** Mild  
**2=** Moderate  
**3=** Severe  
**4=** Incapacitating

**20. PARANOID SYMPTOMS**

- \_\_\_\_\_ **0=** None  
**1=** Suspicious  
**2=** Ideas of reference  
**3=** Delusions of reference and persecution

**21. OBSESSIVE AND COMPULSIVE SYMPTOMS**

- \_\_\_\_\_ **0=** Absent  
**1=** Mild  
**2=** Severe

Total Score \_\_\_\_\_

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## WHO (Five) Well-Being Index (1998 version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

	<i>Over the last two weeks</i>	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
<b>1</b>	<b>I have felt cheerful and in good spirits</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>2</b>	<b>I have felt calm and relaxed</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>3</b>	<b>I have felt active and vigorous</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>4</b>	<b>I woke up feeling fresh and rested</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>5</b>	<b>My daily life has been filled with things that interest me</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

### Scoring:

The raw score is calculated by totalling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.

To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

#### Interpretation:

It is recommended to administer the Major Depression (ICD-10) Inventory if the raw score is below 13 or if the patient has answered 0 to 1 to any of the five items. A score below 13 indicates poor wellbeing and is an indication for testing for depression under ICD-10.

#### Monitoring change:

In order to monitor possible changes in wellbeing, the percentage score is used. A 10% difference indicates a significant change (ref. John Ware, 1995).



## WHO (Five) Well Being Index (1998 version) OMS (cinco) Índice de Bienestar (versión 1998)

Por favor, indique para cada una de las cinco afirmaciones cual define mejor como se ha sentido usted durante la últimas dos semanas. Observe que cifras mayores significan mayor bienestar.

**Ejemplo:** Si se ha sentido **alegre y de buen humor más de la mitad del tiempo durante las últimas dos semanas**, marque una cruz en el recuadro con el número 3 en la esquina superior derecha.

<i>Durante las últimas dos semanas:</i>	Todo el tiempo	La mayor parte del tiempo	Más de la mitad del tiempo	Menos de la mitad del tiempo	De vez en cuando	Nunca
1. Me he sentido alegre y de buen humor	5	4	3	2	1	0
2. Me he sentido tranquilo y relajado	5	4	3	2	1	0
3. Me he sentido activo y enérgico	5	4	3	2	1	0
4. Me he despertado fresco y descansado	5	4	3	2	1	0
5. Mi vida cotidiana ha estado llena de cosas que me interesan	5	4	3	2	1	0



**Instrucciones de puntuación.**

Para calcular la puntuación, sume las cifras en la esquina superior derecha de los recuadros que usted marcó y multiplique la suma por cuatro.

Usted habrá obtenido una puntuación entre 0 y 100. Mayor puntuación significa mayor bienestar.

**Interpretación:**

Se recomienda administrar "The Major Depression (ICD-10) Inventory" si la primera puntuación calculada es menor que 13 o si las respuestas del paciente oscilan entre 0 y 1 en cualquiera de las afirmaciones citadas. Una puntuación menor que 13 indica bajo bienestar y es un indicador para la aplicación del test de depresión (ICD-10).

**Cambios en el monitoreo:**

Para poder monitorear posibles cambios en el bienestar se usa la puntuación porcentual. Una diferencia de 10% indica un cambio significativo (ref. John Ware, 1996).