SELF-REPORT QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (QIDS-SR16)

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 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.

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.

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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.

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)