**CLINICIAN-RATED QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (QIDS-C)**

**NAME: _______________________________________________________ TODAY’S DATE: _______________**

Please circle one response to each item that best describes the patient for the last seven days.

1. **Sleep Onset Insomnia:**
   - 0 Never takes longer than 30 minutes to fall asleep.
   - 1 Takes at least 30 minutes to fall asleep, less than half the time.
   - 2 Takes at least 30 minutes to fall asleep, more than half the time.
   - 3 Takes more than 60 minutes to fall asleep, more than half the time.

2. **Mid-Nocturnal Insomnia:**
   - 0 Does not wake up at night.
   - 1 Restless, light sleep with few awakenings.
   - 2 Wakes up at least once a night, but goes back to sleep easily.
   - 3 Awakens more than once a night and stays awake for 20 minutes or more, more than half the time.

3. **Early Morning Insomnia:**
   - 0 Less than half the time, awakens no more than 30 minutes before necessary.
   - 1 More than half the time, awakens more than 30 minutes before need be.
   - 2 Awakens at least one hour before need be, more than half the time.
   - 3 Awakens at least two hours before need be, more than half the time.

4. **Hypersomnia:**
   - 0 Sleeps no longer than 7-8 hours/night, without naps.
   - 1 Sleeps no longer than 10 hours in a 24 hour period (include naps).
   - 2 Sleeps no longer than 12 hours in a 24 hour period (include naps).
   - 3 Sleeps longer than 12 hours in a 24 hour period (include naps).

5. **Mood (Sad):**
   - 0 Does not feel sad.
   - 1 Feels sad less than half the time.
   - 2 Feels sad more than half the time.
   - 3 Feels intensely sad virtually all the time.

6. **Appetite (Decreased):**
   - 0 No change from usual appetite.
   - 1 Eats somewhat less often and/or lesser amounts than usual.
   - 2 Eats much less than usual and only with personal effort.
   - 3 Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by others.

7. **Appetite (Increased):**
   - 0 No change from usual appetite.
   - 1 More frequently feels a need to eat than usual.
   - 2 Regularly eats more often and/or greater amounts than usual.
   - 3 Feels driven to overeat at and between meals.

8. **Weight (Decrease) Within The Last Two Weeks:**
   - 0 Has experienced no weight change.
   - 1 Feels as if some slight weight loss occurred.
   - 2 Has lost 2 pounds or more.
   - 3 Has lost 5 pounds or more.

9. **Weight (Increase) Within the Last Two Weeks:**
   - 0 Has experienced no weight change.
   - 1 Feels as if some slight weight gain has occurred.
   - 2 Has gained 2 pounds or more.
   - 3 Has gained 5 pounds or more.

10. **Concentration/Decision Making:**
    - 0 No change in usual capacity to concentrate and decide.
    - 1 Occasionally feels indecisive or notes that attention often wanders.
    - 2 Most of the time struggles to focus attention or make decisions.
    - 3 Cannot concentrate well enough to read or cannot make even minor decisions.

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11. Outlook (Self):

0  Sees self as equally worthwhile and deserving as others.
1  Is more self-blaming than usual.
2  Largely believes that he/she causes problems for others.
3  Ruminates over major and minor defects in self.

12. Suicidal Ideation:

0  Does not think of suicide or death.
1  Feels life is empty or is not worth living.
2  Thinks of suicide/death several times a week for several minutes.
3  Thinks of suicide/death several times a day in depth, or has made specific plans, or attempted suicide.

13. Involvement:

0  No change from usual level of interest in other people and activities.
1  Notices a reduction in former interests/activities.
2  Finds only one or two former interests remain.
3  Has virtually no interest in formerly pursued activities.

14. Energy/Fatiguability:

0  No change in usual level of energy.
1  Tires more easily than usual.
2  Makes significant personal effort to initiate or maintain usual daily activities.
3  Unable to carry out most of usual daily activities due to lack of energy.

15. Psychomotor Slowing:

0  Normal speed of thinking, gesturing, and speaking.
1  Patient notes slowed thinking, and voice modulation is reduced.
2  Takes several seconds to respond to most questions; reports slowed thinking.
3  Is largely unresponsive to most questions without strong encouragement.

16. Psychomotor Agitation:

0  No increased speed or disorganization in thinking or gesturing.
1  Fidgets, wrings hands and shifts positions often.
2  Describes impulse to move about and displays motor restlessness.
3  Unable to stay seated. Paces about with or without permission.

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

<table>
<thead>
<tr>
<th>Scoring</th>
<th>Interpretation</th>
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<tbody>
<tr>
<td>Enter the highest score on any 1 of the 4 sleep items (1 – 4)</td>
<td>Normal 0 – 5</td>
</tr>
<tr>
<td>Item 5</td>
<td>Mild 6 – 10</td>
</tr>
<tr>
<td>Enter the highest score on any 1 appetite / weight item (6 – 9)</td>
<td>Moderate 11 – 15</td>
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<tr>
<td>Item 10</td>
<td>Severe 16 – 20</td>
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<tr>
<td>Item 11</td>
<td>Very Severe 21+</td>
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<tr>
<td>Item 12</td>
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<td>Item 13</td>
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<td>Item 14</td>
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<tr>
<td>Enter the highest score on either of the 2 psychomotor items (15 and 16)</td>
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<tr>
<td><strong>Total Score (Range 0 – 27)</strong></td>
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