

Self-Report-QIDS

Name:

Date:

Please circle one response to each item that best describes the patient for the last 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 go back to sleep easily.
- 3 I wake up more than once a night and stay awake for 20 minutes or more, more than half the time.

3. Waking up to early:

- 0 Most of the time, I wake no more than 30 minutes before I need to get up.
- 1 More than half the time, I wake up more than 30 minutes before need to get up.
- 2 I almost always wake up at least one hour before I need to , but I go back to sleep eventually
- 3 Awakens at least two hours before need be, more than half the time.

4. Sleeping too Much:

- 0 I sleep no longer than 7/8 hours a night, without napping during the day.
- 1 I sleep no longer than 10 hours in a 24-hour period (include naps).
- 2 I sleep no longer than 12 hours in a 24-hour period (include naps).
- 3 I sleep longer than 12 hours in a 24-hour period (include 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 the time.

6. Decreased Appetite:

- 0 No change from usual appetite.
- 1 I eat somewhat less often and/or lesser amounts than usual
- 2 I eat much less than usual and only with personal effort.
- 3 I rarely eat with in a 24-hour period, and with extreme personal effort or when others persuade me to.

7. Increased Appetite:

- 0 No change from usual appetite.
- 1 I feel a need to eat more frequently than usual.
- 2 I regularly eat more often and/or greater amounts than usual.
- 3 I feel driven to overeat both at meal time and between meals.

8. Decreased Weight within the last two weeks:

- 0 I have had no weight change.
- 1 I feel as if I have had some 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 had no weight change.
- 1 I feel as if I have had 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 and decide
- 1 Occasionally I feel indecisive or find that my attention wanders.
- 2 Most of the time I struggle to focus my attention or 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 others.
- 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 my life is empty or wonder if it's worth living.
- 2 I think of suicide/death several times a week for several minutes.
- 3 Thinks of suicide /death several times a day in death or have made specific plans for suicide or have actually tried to take my life.

13. General Interest:

- 0 I have no change from usual level of interest in other people and activities.
- 1 I notice that I am less interested in people or activities.
- 2 I find that 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 I have no change in usual level of energy.
- 1 I get tired more easily than usual.
- 2 I have to make a big effort to start and finish my usual daily activities.
- 3 I am unable to carry out most of my usual daily activities because I have no energy.

15. Feeling slowed down:

- 0 I think, speak, and move at my usual rate of speed.
- 1 I find that my thinking has 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. Fidgets, wrings hands and shifts position often.
- 1 I am 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 and on any one 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)