SPRINGTOWN FAMILY HEALTH CENTER

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

Name: _____ **Date of Birth:** _____ **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 lease 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 to 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 peroid including naps.
- ☐ 2 I sleep no longer than 12 hours in a 24-hour peroid including naps.
- ☐ 3 I sleep longer than 12 hours in a 24-hour peroid 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 the 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 no 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 no 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.

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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 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 other's.
- ☐ 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 eaisly 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 Criteria			**HQ-9**
			1 - 13
			2 - 5
0	- 5	Normal	3 - 1
6	- 10	Mild	4 - 14
11	- 15	Moderate	5 - 6/7
16	- 20	Severe	6 - 11
>21		Very Severe	7 - 10
			8 - 15
			9 - 12

This section is to be completed by your doctor.

To Score:

Enter the highest score on any 1 of the 4 sleep items (1-4)	_____
Item 5	_____
Enter the highest score on any 1 appetite/weight item (6-9)	_____
Item 10	_____
Item 11	_____
Item 12	_____
Item 13	_____
Item 14	_____
Enter the highest score on either of teh 2 psychomotor items (15-16)	_____
TOTAL SCORE (Range 0-27)	_____

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Name: _____ Date of Birth: _____ Today's Date: _____

Generalized Anxiety Disorder Questionnaire for DSM-IV (GA-DSM-IV)

- - - - - - - - - - - - - - - - - - Self-Report Version - - - - - - - - - - - - - - - - - -

Over the last 2 weeks, how often have you been bothered by the following problems?
(use ☒ to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Excessive anxiety or worry about a number of events or activities?	0 ☐	1 ☐	2 ☐	3 ☐
2. Finding it difficult to control worrying?	0 ☐	1 ☐	2 ☐	3 ☐
3. Feeling restless, keyed up or on edge?	0 ☐	1 ☐	2 ☐	3 ☐
4. Being easily fatigued?	0 ☐	1 ☐	2 ☐	3 ☐
5. Difficulty concentrating or your mind going blank?	0 ☐	1 ☐	2 ☐	3 ☐
6. Being irritable?	0 ☐	1 ☐	2 ☐	3 ☐
7. Having muscle tension?	0 ☐	1 ☐	2 ☐	3 ☐
8. Having disturbed sleep, such as difficulty falling asleep, difficulty staying asleep or restless unsatisfying sleep?	0 ☐	1 ☐	2 ☐	3 ☐
9 Feeling distressed because of these problems ?	0 ☐	1 ☐	2 ☐	3 ☐

10. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all =0	Somewhat difficult = 1	Very difficult =2	Extremely difficult =3

Total Score (add up items 1-10) = ☐

Recommended scoring for this version => clinical anxiety ≥ 10 (mild) ≥ 15 (moderate) ≥ 20 (severe)

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THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

	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?	☐	☐
...you were so irritable that you shouted at people or started fights or arguments?	☐	☐
...you felt much more self-confident than usual?	☐	☐
...you got much less sleep than usual and found you didn't really miss it?	☐	☐
...you were much more talkative or spoke much faster than usual?	☐	☐
...thoughts raced through your head or you couldn't slow your mind down?	☐	☐
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
...you had much more energy than usual?	☐	☐
...you were much more active or did many more things than usual?	☐	☐
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
...you were much more interested in sex than usual?	☐	☐
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
...spending money got you or your family into trouble?	☐	☐
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	☐	☐
3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? Please circle one response only.		
No Problem ☐ Minor Problem ☐ Moderate Problem ☐ Serious Problem ☐		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	☐	☐
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	☐	☐

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