

The 2-page Quick Inventory of Depressive Symptomatology (16-item) (Self-Report) (QIDS-SR₁₆) is intended to be used with patients as part of a healthcare visit and returned to a healthcare provider for scoring when completed.

FOR PROVIDER USE ONLY

Scoring Instructions for the Depression Questionnaire Quick Inventory of Depressive Symptomatology (QIDS-SR₁₆)

The QIDS-SR₁₆ can be useful in identifying depressive symptom severity and changes in these symptoms over time.¹

To score the QIDS-SR₁₆²:

1. Enter the highest score on any 1 of the 4 sleep items (items 1 to 4).
Enter the highest score on any 1 of the 4 weight items (items 6 to 9).
Enter the highest score on either of the 2 psychomotor items (15 and 16).
2. There will be one score for each of the 9 DSM-IV Major Depressive Disorder symptom domains.
3. Add the scores of the 9 items (sleep, weight, psychomotor changes, depressed mood, decreased interest, fatigue, guilt, concentration, and suicidal ideation) to obtain the total score.

Total scores range from 0-27

Higher scores are associated with increased severity in depressive symptoms*

Normal/No Depression	0-5
Mild Depression	6-10
Moderate Depression	11-15
Severe Depression	16-20
Very Severe Depression	21-27

If you feel the patient is suicidal, take action to assess the patient's immediate safety and determine the most appropriate setting for treatment.³

*These are general guidelines based on the University of Pittsburgh Epidemiology Data Center. IDS-QIDS, 2011. Clinical judgment should always be used to make a diagnosis of major depression and to make decisions regarding the need for and type of treatment interventions.

References: **1.** Rush AJ, Trivedi MH, Ibrahim HM, et al. The 16-item Quick Inventory of Depressive Symptomatology (QIDS), clinician rating (QIDS-C), and self-report (QIDS-SR): a psychometric evaluation in patients with chronic major depression. *Biol Psychiatry*. 2003;54:573-583. **2.** University of Pittsburgh. Epidemiology Data Center. Inventory of depressive symptomatology (IDS) & quick inventory of depressive symptomatology (QIDS). IDS-QIDS, 2011. <http://www.ids-qids.org/index2.html>. Accessed January 8, 2014. **3.** American Psychiatric Association. Practice guideline for the assessment and treatment of patients with suicidal behaviors. Arlington, VA: American Psychiatric Association; 2010. <http://psychiatryonline.org/content.aspx?bookid=28§ionid=1673332>. Accessed February 24, 2014.

Attributed to A. John Rush, MD. Quick Inventory of Depressive Symptomatology (Self Report) (QID-SR₁₆).



Quick Inventory of Depressive Symptomatology (16-item) (Self-Report) (QIDS-SR₁₆)

Check the 1 response to each item that best describes you for the past 7 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 1 hour or so before I need to, but I go back to sleep eventually.
- 3 I awaken at least 1 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.

Please complete either 6 or 7 (not both)

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.

- OR -

7. Increased Appetite:

- 0 There is no change in 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 8 or 9 (not both)

8. Decreased Weight (Within the Last 2 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.

- OR -

9. Increased Weight (Within the Last 2 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.

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.

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