

Self-Rating Test

Nearly 20 million Americans experience depression,¹ but many will never seek treatment. The Depression Self-Rating Test is a simple 16-question quiz that can help identify common symptoms of depression and their severity. Remember—depression is more than just feeling down—it is a real medical condition that can be effectively treated.

Please complete the following questionnaire and return it to your healthcare provider.

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

Instructions: 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.

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.

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 the 2 psychomotor items (15 and 16) _____

TOTAL SCORE (Range 0-27) _____

Scoring Criteria: Normal 0-5 Mild 6-10 Moderate 11-15 Severe 16-20 Very Severe 21+

NOTE: The above cutoff points are based largely on clinical judgment rather than on empirical data.

Copyright 2000 A. John Rush, MD. Quick Inventory of Depressive Symptomatology (Self-Report) (QIDS-SR). Used with permission.

Reference: 1. National Institute of Mental Health website. Depression Research at the National Institute of Mental Health Fact Sheet. Available at: <http://www.nimh.nih.gov/publicat/depresfact.cfm>. Accessed November 28, 2004.

Two Questions for Screening*

Name _____

1. Have any of your blood relatives been diagnosed as "manic-depressive" or as having bipolar disorder?
2. Have you ever had far more energy than usual, slept very little, and engaged in activities that may have been risky or dangerous?

Mood Disorder Questionnaire (MDQ)[†]

Section One

Answer YES or NO to each of the following questions:

1 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?	<input type="checkbox"/>	<input type="checkbox"/>
2 You were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>
3 You felt much more self-confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>
4 You got much less sleep than usual and found you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
5 You were much more talkative or spoke much faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>
6 Thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/>	<input type="checkbox"/>
7 You were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>
8 You had much more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
9 You were much more active or did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>
10 You were much more social or outgoing than usual— for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
11 You were much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>
12 You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/>	<input type="checkbox"/>
13 You spent so much money that it got you or your family into trouble?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to more than 1 of the questions in the first section, continue to Section Two.

Section Two

Answer YES or NO to the following question:

	Yes	No
14 Did any of these situations you said yes to ever happen during the same period of time?	<input type="checkbox"/>	<input type="checkbox"/>

Section Three

Choose only 1 response.

15 How much of a problem did any of these situations cause you (ie, being unable to work; having family, money, or legal problems; getting into serious arguments or fights)?	
<input type="checkbox"/> A. It was no problem.	<input type="checkbox"/> B. It was a minor problem.
<input type="checkbox"/> C. It was a moderate problem.	<input type="checkbox"/> D. It was a serious problem.

Please discuss the results of this questionnaire and the important product information with your physician.

* Practice guideline for the treatment of patients with bipolar disorder. In: *American Psychiatric Association Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2002*. 2nd ed. Washington, DC: American Psychiatric Association; 2002:559-579.

† The questionnaire used here was adapted from the one developed by Robert M.A. Hirschfeld, MD, of The University of Texas Medical Branch at Galveston, and published in *Primary Care Companion Journal of Clinical Psychiatry*, April 2002.



Adult ADHD-RS-IV* with Adult Prompts†

None Mild Moderate Severe
0 1 2 3

10. Squirms and fidgets

Can you sit still or are you always moving your hands or feet, or fidgeting in your chair? Do you tap your pencil or your feet? A lot? Do people notice?
Do you regularly play with your hair or clothing?
Do you consciously resist fidgeting or squirming?

11. Can't stay seated

Do you have trouble staying in your seat? At work? In class? At home (eg, watching TV, eating dinner)? In church or temple?
Do you choose to walk around rather than sit?
Do you have to force yourself to remain seated? Is it difficult for you to sit through a long meeting or lecture?
Do you try to avoid going to functions that require you to sit still for long periods of time?

12. Runs/climbs excessively

Are you physically restless?
Do you feel restless inside? A lot?
Do you feel more agitated when you cannot exercise on an almost daily basis?

13. Can't play/work quietly

Do you have a hard time playing/working quietly? During/leisure activity (nonstructured times or on your own such as reading a book, listening to music, playing a board game), are you agitated or dysphoric? Do you always need to be busy after work or while on vacation?

14. On the go, "driven by a motor"

Is it hard for you to slow down?
Do you feel like you (often) have a lot of energy and that you always have to be moving, are always "on the go"?
Do you feel like you're driven by a motor?
Do you feel unable to relax?

15. Talks excessively

Do you talk a lot? All the time? More than other people? Do people complain about your talking? Is it a problem? Are you often louder than the people you are talking to?

16. Blurts out answers

Do you give answers to questions before someone finishes asking?
Do you say things before it is your turn?
Do you say things that don't fit into the conversation?
Do you do things without thinking? A lot?

17. Can't wait for turn

Is it hard for you to wait your turn (in conversation, in lines, while driving)?
Are you frequently frustrated with delays? Does it cause problems?
Do you put a great deal of effort into planning to not be in situations where you might have to wait?

18. Intrudes/interrupts others

Do you talk when others are talking, without waiting until you are acknowledged?
Do you butt into others' conversations before being invited?
Do you interrupt others' activities?
Is it hard for you to wait to get your point across in conversations or at meetings?

*From *ADHD Rating Scale-IV: Checklist, Norms and Clinical Interpretation*. Reprinted with permission of The Guilford Press: New York. ©1998 George J. DuPaul, Thomas J. Power, Arthur A. Anastopoulos and Robert Reid. This scale may not be reproduced in any form without written permission of The Guilford Press. www.guilford.com

†Prompts developed by Lenard Adler, MD, Thomas Spencer, MD, and Joseph Biederman, MD.

©2003 New York University and Massachusetts General Hospital. All rights reserved. DO NOT REPRODUCE WITHOUT WRITTEN PERMISSION OF MASSACHUSETTS GENERAL HOSPITAL OR NEW YORK UNIVERSITY.

THERE ARE NO WARRANTIES REGARDING THIS ATTENTION DEFICIT HYPERACTIVITY DISORDER RATING SCALE IV AND ADULT PROMPTS ("SCALE"), EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND ALL OTHER REPRESENTATIONS OR WARRANTIES OF ANY KIND ARE HEREBY DISCLAIMED. New York University and the Massachusetts General Hospital shall neither exercise control over nor interfere with the physician-patient relationship of users of this Scale and shall not be responsible for any use made of this Scale, including any medical decisions regarding the care and treatment of patients using the Scale.