

**INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (IDS-SR)** by Rush et al.

Please circle the one response to each item that best describes you for the past seven days

**PATIENT NAME**

**DATE**

**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

**Enter Value**

**0**

**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

**Enter Value**

**0**

**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

**Enter Value**

**0**

**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

**Enter Value**

**0**

**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

**Enter Value**

**0**

**6. FEELING IRRITABLE**

0 = I do not feel irritable

1 = I feel irritable less than half the time

2 = I feel irritable more than half the time

3 = I feel extremely irritable nearly all of the time

**Enter Value**

**0**

**7. FEELING ANXIOUS OR TENSE**

- 0 = I do not feel anxious or tense  
1 = I feel anxious (tense) less than half the time  
2 = I feel anxious (tense) more than half the time  
3 = I feel extremely anxious (tense) nearly all of the time

**Enter Value****0****8. RESPONSE OF YOUR MOOD TO GOOD OR DESIRED EVENTS**

- 0 = My mood brightens to a normal level which lasts for several hours when good events occur  
1 = My mood brightens but I do not feel like my normal self when good events occur  
2 = My mood brightens only somewhat to a rather limited range of desired events  
3 = My mood does not brighten at all, even when very good or desired events occur in my life

**Enter Value****0****9. MOOD IN RELATION TO THE TIME OF DAY**

- 0 = There is no regular relationship between my mood and the time of day  
1 = My mood often relates to the time of day because of environmental events (e.g., being alone, working)  
2 = In general, my mood is more related to the time of day than to environmental events  
3 = My mood is clearly and predictably better or worse at a particular time each day

9A = Is your mood typically worse in the morning, afternoon or night? (circle one)

9B = Is your mood variation attributed to the environment? (yes or no) (circle one)

**Enter Value****0****10. THE QUALITY OF YOUR MOOD**

- 0 = The mood (internal feelings) that I experience is very much a normal mood  
1 = My mood is sad, but this sadness is pretty much like the sad mood I would feel if someone close to me died or left  
2 = My mood is sad, but this sadness has a rather different quality to it than the sadness I would feel if someone close to me died or left  
3 = My mood is sad, but this sadness is different from the type of sadness associated with grief or loss

**Enter Value****0****11. 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 others persuade me to eat

**Enter Value****0****12. 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

**Enter Value****0**

**13. DECREASED WEIGHT (WITHIN THE LAST TWO WEEKS) COMPLETE 13 OR 14 NOT BOTH**

- 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

Enter Value 0

**14. 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

Enter Value 0

**15. 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

Enter Value 0

**16. 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

Enter Value 0

**17. VIEW OF MY FUTURE**

- 0 = I have an optimistic view of my future
- 1 = I am occasionally pessimistic about my future but for the most part I believe things will get better
- 2 = I'm pretty certain that my immediate future (1-2 months) does not hold much promise of good things for me
- 3 = I see no hope of anything good happening to me anytime in the future

Enter Value 0

**18. 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

Enter Value 0

**19. 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

Enter Value 0

**20. 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

Enter Value

0

**21. CAPACITY FOR PLEASURE OR ENJOYMENT (EXCLUDING SEX)**

0 = I enjoy pleasurable activities just as much as usual

1 = I do not feel my usual sense of enjoyment from pleasurable activities

2 = I rarely get a feeling of pleasure from any activity

3 = I am unable to get any pleasure or enjoyment from anything

Enter Value

0

**22. INTEREST IN SEX (PLEASE RATE INTEREST, NOT ACTIVITY)**

0 = I'm just as interested in sex as usual

1 = My interest in sex is somewhat less than usual or I do not get the same pleasure from sex as I used to

2 = I have little desire for or rarely derive pleasure from sex

3 = I have absolutely no interest in or derive no pleasure from sex

Enter Value

0

**23. 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

Enter Value

0

**24. FEELING RESTLESS**

0 = I do not feel restless

1 = I'm often fidgety, wring 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

Enter Value

0

**25. ACHES AND PAINS**

0 = I don't have any feeling of heaviness in my arms or legs and don't have any aches or pains

1 = Sometimes I get headaches or pains in my stomach, back or joints but these pains are only sometimes present and they don't stop me from doing what I need to do

2 = I have these sorts of pains most of the time

3 = These pains are so bad they force me to stop what I am doing

Enter Value

0

**26. OTHER BODILY SYMPTOMS**

0 = I don't have any of these symptoms: heart pounding fast, blurred vision, sweating, hot and cold flashes, chest pain, heart turning over in my chest, ringing in my ears, or shaking

1 = I have some of these symptoms but they are mild and are present only sometimes

2 = I have several of these symptoms and they bother me quite a bit

3 = I have several of these symptoms and when they occur I have to stop doing whatever I am doing

Enter Value

0

**27. PANIC/PHOBIC SYMPTOMS**

- 0** = I have no spells of panic or specific fears (phobia) (such as animals or heights)  
**1** = I have mild panic episodes or fears that do not usually change my behavior or stop me from functioning  
**2** = I have significant panic episodes or fears that force me to change my behavior but do not stop me from functioning  
**3** = I have panic episodes at least once a week or severe fears that stop me from carrying on my daily activities

**Enter Value** **0**

**28. CONSTIPATION/DIARRHEA**

- 0** = There is no change in my usual bowel habits  
**1** = I have intermittent constipation or diarrhea which is mild  
**2** = I have diarrhea or constipation most of the time but it does not interfere with my day to day functioning  
**3** = I have constipation or diarrhea for which I take medicine or which interferes with my day to day activities

**Enter Value** **0**

**29. INTERPERSONAL SENSITIVITY**

- 0** = I have not felt easily rejected, slighted, criticized or hurt by others at all  
**1** = I have occasionally felt rejected, slighted, or criticized or hurt by others  
**2** = I have often felt rejected, slighted, criticized or hurt by others, but these feelings have had only slight effects on my relationships or work  
**3** = I have often felt rejected, slighted, criticized or hurt by others, and these feelings have impaired my relationships and work

**Enter Value** **0**

**30. LEADEN PARALYSIS/PHYSICAL ENERGY**

- 0** = I have not experienced the physical sensation of feeling weighted down and without physical energy  
**1** = I have occasionally experienced periods of feeling physically weighted down and without physical energy, but without a negative effect on work, school, or activity level  
**2** = I feel physically weighted down (without physical energy) more than half the time  
**3** = I feel physically weighted down (without physical energy) most of the time, several hours per day, several days per week

**Enter Value** **0**

**TOTAL SCORE** **0**

- 0-13 = Normal  
14-25 = Mild  
26-38 = Moderate  
39-48 = Severe  
49-84 = Very Severe