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M-QIDS-SR19: The Modified Quick Inventory of Depressive Symptomatology (Self-Report 19-Item)

Print Your Name: _____

Today's Date: _____

PLEASE CHECK THE ONE RESPONSE TO EACH ITEM THAT BEST DESCRIBES YOU FOR THE PAST SEVEN DAYS.

During 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 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.

During the past seven days...

5. Feeling Sad:

- 0 I do not feel sad, empty, hopeless, or depressed.
1 Less than half the time, I feel sad, empty, hopeless, or depressed.
2 More than half the time, I feel sad, empty, hopeless, or depressed.
3 Nearly all the time, I feel sad, empty, hopeless, or depressed.

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.

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 Two Weeks):

- 0 I have not had a change in my weight.
1 I feel as if I have 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 have had a slight weight gain.
2 I have gained 2 pounds or more.
3 I have gained 5 pounds or more.

(Please continue on next page.)

(For Dr. Kassir's use only)

Both pages reviewed in entirety.

Physician's Initials: _____

Date received & reviewed: _____

During the past seven days...

10. Concentration:

- 0 There is no change in my concentration.
- 1 I occasionally find that my attention wanders.
- 2 Most of the time I struggle to focus my attention.
- 3 I cannot concentrate well enough to read.

11. Decision Making:

- 0 There is no change in my usual capacity to make decisions.
- 1 I occasionally feel indecisive.
- 2 Most of the time I struggle to make decisions.
- 3 I cannot make even minor decisions.

12. 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.

13. 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.

14. 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.

15. Capacity for Pleasure or Enjoyment (excluding sex):

- I enjoy pleasurable activities just as much as usual.
- I do not feel my usual sense of enjoyment from pleasurable activities.
- I rarely get a feeling of pleasure from any activity.
- I am unable to get any pleasure or enjoyment from anything.

During the past seven days...

16. 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.

17. 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.

18. Feeling Restless:

- 0 I do not feel restless.
- 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.

19. Feeling Anxious, Worried, or Tense:

- I do not feel anxious, worried, or tense.
- Less than half the time, I feel anxious, worried, or tense.
- More than half the time, I feel anxious, worried, or tense.
- Nearly all the time, I feel extremely anxious, worried, or tense.

Print Your Name:

<p>(For Dr. Kassir's use only)</p> <p>Both pages reviewed in entirety.</p> <p>Standardized QIDS-SR₁₆ score: _____</p> <p>Physician's Initials: _____</p>
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