

**INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (CLINICIAN-RATED)
(IDS-C)**

NAME: _____ TODAY'S DATE: _____

Please circle one response to each item that best describes the patient for the last seven days.

1. Sleep Onset Insomnia:

- 0 Never takes longer than 30 minutes to fall asleep.
- 1 Takes at least 30 minutes to fall asleep, less than half the time.
- 2 Takes at least 30 minutes to fall asleep, more than half the time.
- 3 Takes more than 60 minutes to fall asleep, more than half the time.

2. Mid-Nocturnal Insomnia:

- 0 Does not wake up at night.
- 1 Restless, light sleep but with few awakenings.
- 2 Wakes up at least once a night, but goes back to sleep easily.
- 3 Wakes up more than once a night and stays awake for 20 minutes or more, more than half the time.

3. Early Morning Insomnia:

- 0 Wakes up early some mornings, but no more than 30 minutes before necessary.
- 1 Wakes up early most mornings, more than 30 minutes before need be.
- 2 Wakes up at least one hour before need be, more than half the time.
- 3 Wakes up at least two hours before need be, more than half the time.

4. Hypersomnia:

- 0 Sleeps no longer than 7-8 hours/night, with no naps.
- 1 Sleeps no longer than 10 hours in a 24 hour period (including naps).
- 2 Sleeps no longer than 12 hours in a 24 hour period (including naps).
- 3 Sleeps longer than 12 hours in a 24 hour period (including naps).

5. Mood (Sad):

- 0 Does not feel sad/down/depressed.
- 1 Feels sad/down/depressed less than half the time.
- 2 Feels sad/down/depressed more than half the time.
- 3 Feels intensely sad/down/depressed virtually all of the time.

6. Mood (Irritable):

- 0 Does not feel irritable.
- 1 Feels irritable less than half the time.
- 2 Feels irritable more than half the time.
- 3 Feels extremely irritable virtually all of the time.

7. Mood (Anxious):

- 0 Does not feel anxious or tense.
- 1 Feels anxious/tense less than half the time.
- 2 Feels anxious/tense more than half the time.
- 3 Feels extremely anxious/tense virtually all of the time.

8. Reactivity of Mood:

- 0 Mood brightens to normal level and lasts several hours when good events occur.
- 1 Mood brightens but does not feel like normal self when good events occur.
- 2 Mood brightens only somewhat with few selected, extremely desired events.
- 3 Mood does not brighten at all, even when very good or desired events occur.

9. Mood Variation:

- 0 Notes no regular relationship between mood and time of day.
- 1 Mood often relates to time of day due to environmental circumstances/events.
- 2 Mood often appears more related to time of day than to circumstances/events.
- 3 Mood is clearly, predictably, better or worse at a fixed time each day.

9A. Is mood typically worse in MORNING, AFTERNOON, or NIGHT **(CIRCLE ONE)**.

9B. Is mood variation attributed to environment by the patient? YES or NO **(CIRCLE ONE)**.

10. Quality of Mood:

- 0 Mood is no different from the feelings that are associated with loss, or is normal.
- 1 Mood is largely like the feeling of loss, although it may lack explanation, or be associated with more anxiety, or be much more intense.
- 2 Sometimes mood is qualitatively distinct from grief and therefore difficult to explain to others.
- 3 Mood is qualitatively distinct from grief nearly all of the time.

COMPLETE EITHER 11 OR 12 (NOT BOTH)

11. Appetite (Decreased):

- 0 No change from usual appetite.
- 1 Eats somewhat less often and/or lesser amounts than usual.
- 2 Eats much less than usual and personal effort is required.
- 3 Eats rarely within a 24-hour period, and only with great determination or with persuasion by others.

12. Appetite (Increased):

- 0 No change from usual appetite.
- 1 Sometimes feels a need to eat more than usual.
- 2 Often eats more often and/or greater amounts than usual.
- 3 Feels driven to overeat at mealtimes and between meals.

COMPLETE EITHER 13 OR 14 (NOT BOTH)

13. Weight (Decrease) Within The Last Two Weeks:

- 0 Has experienced no weight change.
- 1 Feels as if some slight weight loss occurred.
- 2 Has lost 1 kilo or more.
- 3 Has lost 2.5 kilos or more.

14. Weight (Increase) Within the Last Two Weeks:

- 0 Has experienced no weight change.
- 1 Feels as if some slight weight gain has occurred.
- 2 Has gained 1 kilo or more.
- 3 Has gained 2.5 kilos or more.

15. Concentration/Decision Making:

- 0 No change in usual capacity to concentrate and/or make decisions.
- 1 Occasionally feels indecisive or notes that attention tends to wander.
- 2 Most of the time struggles to focus attention and/or make decisions.
- 3 Cannot concentrate well enough to read and/or cannot make even minor decisions.

16. Outlook (Self):

- 0 Sees self as being as worthwhile and deserving as others.
- 1 Is more self-blaming than usual.
- 2 Believes that he/she causes problems for others much more than usual.
- 3 Constantly ruminates over major and minor defects in self.

17. Outlook (Future):

- 0 Views future with usual amount of optimism.
- 1 Occasionally has a negative (pessimistic) outlook that can be dispelled by others or events.
- 2 Largely negative (pessimistic) for the near future.
- 3 Sees no hope for self/situation any time in the future.

18. Suicidal Ideation:

- 0 Does not think of suicide or dying.
- 1 Feels life is empty or is not worth living.
- 2 Dwells on thoughts of suicide/ dying several times a week.
- 3 Has detailed thoughts of suicide/dying several times a day, or has made specific plans, or has attempted suicide.

19. Involvement:

- 0 No change from usual level of interest in other people and activities.
- 1 Notices a reduction in former interests/activities.
- 2 Finds only one or two former interests remain.
- 3 Has virtually no interest in formerly pursued activities.

20. Energy/Fatiguability:

- 0 No change in usual energy level.
- 1 Tires more easily than usual.
- 2 Requires significant personal effort to initiate or maintain usual daily activities.
- 3 Unable to carry out most of usual daily activities due to lack of energy.

21. Pleasure/Enjoyment (apart from sexual activities):

- 0 Participates in and derives usual sense of enjoyment from pleasurable activities.
- 1 Does not feel usual enjoyment from pleasurable activities.
- 2 Rarely derives pleasure from any activities.
- 3 Is unable to register any sense of pleasure/enjoyment from anything.

22. Sexual Interest:

- 0 Has normal thoughts about and interest in sex, and/or derives usual pleasure from sex.
- 1 Has nearly usual interest in and/or derives some pleasure from sex.
- 2 Has little desire for and/or derives little pleasure from sex.
- 3 Has absolutely no interest in and/or derives no pleasure from sex.

23. Psychomotor Slowing:

- 0 Normal speed of thinking, gesturing, and speaking.
- 1 Patient notes slowed thinking, and voice modulation is reduced.
- 2 Takes several seconds to respond to most questions; and/or reports slowed thinking.
- 3 Is largely unresponsive to most questions without strong encouragement.

24. Psychomotor Agitation:

- 0 No increased speed or disorganization in thinking or gesturing.
- 1 Fidgets, wrings hands and moves positions often.
- 2 Describes impulse to move about and acts restlessly.
- 3 Unable to stay seated. Paces about with or without permission.

25. Somatic Complaints (pains in any part of the body):

- 0 States there are no pains.
- 1 Complains of headaches, abdominal, back or joint pains that are intermittent but not disabling.
- 2 Complains that the above pains are present most of the time.
- 3 Pains interfere with day-to-day function.

26. Sympathetic Arousal (see underlined below):

- 0 Reports no palpitations, tremors, blurred vision, ringing in the ears, increased sweating, shortness of breath, hot and cold flushes, or chest pains.
- 1 The above are mild and only intermittently present.
- 2 The above are moderate and present more than half the time.
- 3 The above result in inability to lead normal life.

27. Panic/Phobic Symptoms:

- 0 Has neither panic episodes nor phobic symptoms.
- 1 Has mild panic episodes or phobias that do not usually alter behaviour to a noticeable degree.
- 2 Has significant panic episodes or phobias that modify behaviour somewhat, but do not significantly interfere with normal living.
- 3 Has incapacitating panic episodes at least once a week or severe phobias that lead to complete and regular avoidance behaviour.

28. Gastrointestinal (bowel movements):

- 0 Has no change in usual bowel habits.
- 1 Has occasional, mild constipation and/or diarrhoea.
- 2 Has diarrhoea and/or constipation most of the time that does not impair functioning.
- 3 Has intermittent presence of constipation and/or diarrhoea that requires treatment or interferes with day-to-day function.

29. Interpersonal Sensitivity:

- 0 Has not felt easily rejected, slighted, criticised or hurt by others at all.
- 1 Occasionally feels rejected, slighted, criticised or hurt by others.
- 2 Often feels rejected, slighted, criticised or hurt by others, but with only slight effects on social/occupational functioning.
- 3 Often feels rejected, slighted, criticised or hurt by others that results in impaired social/occupational functioning.

30. Leaden Paralysis/Limb Heaviness/Physical Energy:

- 0 Does not experience the physical sensation of feeling weighted down and without physical energy.
- 1 Occasionally experiences periods of feeling physically weighted down and without physical energy, but without a negative effect on work, school, or activity level.
- 2 Feels physically weighted down and without physical energy more than half the time.
- 3 Feels physically weighted down and without physical energy most of the time, several hours per day, several days per week.