

## Quick Inventory of Depressive Symptomatology (QIDS SR-16)

**About:** This scale is a self-report measure of depression.

**Items:** 16

**Reliability:** Internal consistency for the QIDS-SR<sub>16</sub> = (Cronbach's  $\alpha=0.86$ ) QIDS-SR<sub>16</sub> scores correlated highly with IDS-SR<sub>30</sub> (.96) and HAM-D<sub>24</sub> (.86) scores.

**Validity:** The QIDS-SR<sub>16</sub>, IDS-SR<sub>30</sub>, and HAM-D<sub>24</sub>, had very similar sensitivity in detecting change in symptoms. This suggests these three scales have high concurrent validity.

### Scoring:

Questions in the QIDS – SR-116 correlate with the nine DSM-IV symptom criterion domains, including: Sleep disturbance (initial, middle, and late insomnia or hypersomnia) (**Q 1 - 4**), Sad mood (**Q 5**), Decrease/increase in appetite/weight (**Q 6 - 9**), Concentration (**Q 10**), Self-criticism (**Q 11**), Suicidal ideation (**Q 12**), Interest (**Q 13**), Energy/fatigue (**Q 14**), Psychomotor agitation/retardation (**Q 15 - 16**).

### Scoring Instructions:

1. Enter the highest score on any 1 of the 4 sleep items (1-4) \_\_\_\_\_
2. Enter score on item 5 \_\_\_\_\_
3. Enter the highest score on any 1 of the appetite/weight items (6-9) \_\_\_\_\_
4. Enter score on item 10 \_\_\_\_\_
5. Enter score on item 11 \_\_\_\_\_
6. Enter score on item 12 \_\_\_\_\_
7. Enter score on item 13 \_\_\_\_\_
8. Enter score on item 14 \_\_\_\_\_
9. Enter the highest score on either of the 2 psychomotor items (15 and 16) \_\_\_\_\_
10. Sum the item scores for a total score. Total score range 0-27. \_\_\_\_\_

Severity of depression can be judged based on the total score.

**1-5** = No depression

**6-10** = Mild depression

**11-15** = Moderate depression

**16-20** = Severe depression

**21-27** = Very severe depression

**References:**

Rush, A. J., Trivedi, M. H., Ibrahim, H. M., Carmody, T. J., Arnow, B., Klein, D. K., ... Keller, M. B. (2003). [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.](#) *Biological Psychiatry*, 54, 573-583.

[http://www.ids-qids.org/Scoring\\_Instructions.pdf](http://www.ids-qids.org/Scoring_Instructions.pdf)

<http://www.ids-qids.org/index2.html#table2>

## **Quick Inventory of Depressive Symptomatology (Self-Report) (QIDS-SR16)**

NAME:

TODAY'S DATE:

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.

**Enter the highest score on any 1 of the 4 sleep items (1–4 above) \_\_\_\_\_**

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.

**Enter the highest score on any 1 of the 4 appetite/weight change items (6–9 above) \_\_\_\_\_**

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.

**Enter the highest score on either of the 2 psychomotor items (15 or 16 above)**

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**Total Score:\_\_\_\_\_ (Range 0–27)**

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