

Depression Self-Rating Scale

Circle the one response to each item that best describes you for the past seven days.

Patient ID: _____

During the past seven days:

1. Falling Asleep

I never take longer than 30 minutes to fall asleep.
I take at least 30 minutes to fall asleep, less than half the time.
I take at least 30 minutes to fall asleep, more than half the time.
I take more than 60 minutes to fall asleep, more than half the time.

2. Sleep During the Night

I do not wake up at night.
I have a restlessness, light sleep with a few brief awakenings each night.
I wake up at least once a night, but I go back to sleep easily.
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

Most of the time, I awaken no more than 30 minutes before I need to get up.
More than half the time, I awaken more than 30 minutes before I need to get up.
I almost always awaken at least one hour or so before I need to, but I go back to sleep automatically.
I awaken at least one hour before I need to, and cannot go back to sleep.

4. Sleeping too Much

I sleep no longer than 7-8 hours/night, without napping during the day.
I sleep no longer than 10 hours in a 24-hour period including naps.
I sleep no longer than 12 hours in a 24-hour period including naps.
I sleep longer than 12 hours in a 24-hour period including naps.

Date: _____

During the past seven days:

5. Feeling Sad

I do not feel sad
I feel sad less than half the time
I feel sad more than half the time
I feel sad nearly all the time

Please complete either 6 or 7, not both

6. Decreased Appetite:

There is no change in my usual appetite
I eat somewhat less often or lesser amounts of food than usual.
I eat much less than usual and only with personal effort
I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat

OR

7. Increased Appetite

There is no change from my usual appetite
I feel a need to eat more frequently than usual
I regularly eat more often and/or greater amounts of food than usual
I feel driven to overeat both at mealtime and between meals

Please complete either 8 or 9, not both

8. Decreased Weight (within last two weeks)

I have not had a change in my weight
I feel as if I have had a slight weight loss
I have lost 2 lbs. or more
I have lost 5 lbs. or more

OR

9. Increased Weight (within last two weeks)

I have not had a change in my weight
I feel as if I have had a slight weight gain
I have gained 2 lbs. or more
I have gained 5 lbs. or more

Depression Self-Rating Scale

Circle the one response to each item that best describes you for the past seven days.

During the past seven days:

10. Concentration/Decision Making

There is no change in my usual capacity to concentrate or make decisions

I occasionally feel indecisive or find that my attention wanders

Most of the time, I struggle to focus my attention or to make decisions

I cannot concentrate well enough to read or cannot make even minor decisions

During the past seven days:

15. Feeling Slowed Down:

I think, speak, and move at my usual rate of speed

I find that my thinking is slowed down or my voice sounds dull or flat

It takes me several seconds to respond to most questions and I'm sure my thinking is slowed

I am often unable to respond to questions without extreme effort

11. View of Myself

I see myself as equally worthwhile and deserving as other people

I am more self-blaming than usual

I largely believe that I cause problems for others

I think almost constantly about major and minor defects in myself

16. Feeling Restless:

I do not feel restless

I'm often fidgety, wringing my hands, or need to shift how I am sitting

I have impulses to move about and am quite restless

At times, I am unable to stay seated and need to pace around

12. Thoughts of Death or Suicide

I do not think of suicide or death

I feel that life is empty or wonder if it's worth living

I think of suicide or death several times a week for several minutes

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

MAQ

17. If your doctor has prescribed medicine(s) for your depression, how often in the past week have you missed taking the medicine(s)? Include all times whether you forgot, misplaced the pills, or decided not to take the medicine(s). Please circle one.

N/A, no prescribed meds

Never missed

Rarely

Sometimes

Less than half the time

About half the time

Somewhat more than half the time

Very often

Nearly all the time

All the time

13. General Interest

There is no change from usual in how interested I am in other people or activities

I notice that I am less interested in people or activities

I find I have interest in only one or two of my formerly pursued activities

I have virtually no interest in formerly pursued activities

14. Energy Level:

There is no change in my usual level of energy

I get tired more easily than usual

I have to make a big effort to start or finish my usual daily activities (for example, shopping, homework, cooking, or going to work)

I really cannot carry out most of my usual daily activities because I just don't have the energy