

**QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY - ADOLESCENT (17 ITEM) - CLINICIAN RATED
(QIDS-A₁₇-C)**

PATIENT NAME: _____

DATE: _____

INTERVIEWER: _____

SCORE: _____

1. Sleep Onset Insomnia:

- 0 You always fall asleep in less than 30 minutes.
- 1 You take at least 30 minutes to fall asleep, less than half the time.
- 2 You take at least 30 minutes to fall asleep, more than half the time.
- 3 You take more than 60 minutes to fall asleep, more than half the time.

2. Mid-Nocturnal Insomnia:

- 0 You do not wake up at night.
- 1 You toss and turn a lot on some nights.
- 2 You wake up at least once in the middle of the night, but go back to sleep easily.
- 3 You wake up many times in the middle of the night and usually stay awake for 20 minutes or more on most nights.

3. Early Morning Insomnia:

- 0 Most of the time, you wake up no more than 30 minutes before you need to get up.
- 1 More than half the time, you wake up more than 30 minutes before you need to get up.
- 2 You almost always wake up at least one hour or so before you need or want to, but you go back to sleep eventually.
- 3 You wake up at least one hour before you need or want to, and can't go back to sleep.

4. Hypersomnia:

- 0 You sleep no longer than 7-8 hours each night, without napping during the day.
- 1 You sleep no longer than 10 out of 24 hours a day including naps.
- 2 You sleep no longer than 12 out of 24 hours a day including naps.
- 3 You sleep longer than 12 out of 24 hours a day including naps.

5. Mood (Sad):

- 0 You do not feel down, unhappy, sad, or miserable.
- 1 You feel down, unhappy, sad, or miserable less than half the time.
- 2 You feel down, unhappy, sad, or miserable more than half the time.
- 3 You feel really down, unhappy, sad, or miserable pretty much all of the time.

6. Mood (Irritable):

- 0 You do not feel crabby, grouchy, or cranky.
- 1 You feel crabby, grouchy, or cranky less than half the time.
- 2 You feel crabby, grouchy, or cranky more than half the time.
- 3 You feel crabby, grouchy, or cranky nearly all of the time.

COMPLETE EITHER 7 OR 8 (NOT BOTH)

7. Appetite (Decreased):

- 0 There is no change from your normal appetite.
- 1 You eat less often or smaller amounts of food than normal.
- 2 You eat much less than normal and you have to make yourself eat.
- 3 You hardly ever eat during a whole day, and then only after you push yourself to eat or because other people make you eat.

8. Appetite (Increased):

- 0 There is no change from your normal appetite.
- 1 You feel a need to eat more often than normal.
- 2 You regularly eat more often and/or larger amounts of food than normal.
- 3 You feel like you want to eat a lot more than normal during or between meals.

COMPLETE EITHER 9 OR 10 (NOT BOTH)

9. Weight (Decrease) Within the **Last Two Weeks**:

- 0 Your weight has not changed.
- 1 You have lost a little weight.
- 2 You have lost 2 pounds or more in the past 2 weeks. Your clothes are a little more loose than normal.
- 3 You have lost 5 pounds or more in the past 2 weeks. Your clothes are **a lot** more loose than normal.

10. Weight (Increase) Within the **Last Two Weeks**:

- 0 Your weight has not changed.
- 1 You have gained a little weight.
- 2 You have gained 2 pounds or more in the past 2 weeks. Your clothes are a little tighter than normal.
- 3 You have gained 5 pounds or more in the past 2 weeks. Your clothes are **a lot** tighter than normal.

11. Concentration/Decision Making:

- 0 There is no change in your normal ability to pay attention or make up your mind.
- 1 You have some problems paying attention or making up your mind.
- 2 Most of the time you have a lot of problems paying attention or making up your mind.
- 3 Your mind has wandered so much during the past week that you haven't been able to read or follow a TV show or make even little decisions.

12. Outlook (Self):
- 0 You feel as worthwhile or good about yourself as the people around feel about themselves.
 - 1 You are harder on yourself or more down on yourself than normal.
 - 2 You blame yourself for everything around that goes wrong.
 - 3 You think a lot about your faults, both big and little.
13. Suicidal Ideation:
- 0 You do not think of suicide or your own death.
 - 1 You feel that life is empty or wonder if it's worth living.
 - 2 You think of suicide or your own death several times a week for several minutes.
 - 3 You think of suicide or your own death several times a day, or have made plans or tried to commit suicide.
14. Involvement:
- 0 There is no change from normal in how interested you are in other people or activities.
 - 1 You are less interested in things that used to be fun for you, like meeting with friends, hobbies, or sports.
 - 2 You have interest in only one or two of your usual interests or activities.
 - 3 You have no interest in any of the things that used to be fun.
15. Energy/Fatigability:
- 0 You have as much energy as usual for getting things done.
 - 1 You get tired more easily than normal.
 - 2 You have to push yourself more than usual, or it takes more effort than usual to start and finish your normal activities.
 - 3 You are so tired or worn out that you just have not been able to do most of your usual activities.
16. Psychomotor Slowing: **(RATING BASED ON OBSERVATION DURING INTERVIEW AND PATIENT SELF-REPORT.)**
- 0 You think, speak, and move at your normal pace.
 - 1 Your thinking is slowed down or your voice sounds dull and flat.
 - 2 Your thoughts or speech are slowed down so that it sometimes takes you several seconds to answer when someone talks to you.
 - 3 Your thoughts and speech are so slow at times that you haven't been able to answer without a lot of encouragement from someone.
17. Psychomotor Agitation: **(RATING BASED ON OBSERVATION DURING INTERVIEW AND PATIENT SELF-REPORT.)**
- 0 You do not feel squirmy, antsy, or restless.
 - 1 You are a little squirmy, antsy, or restless so that sometimes you can't stay still easily.
 - 2 You are often squirmy, antsy, or restless so that you often can't stay still easily.
 - 3 You are so squirmy, antsy, or restless that you can't sit still at all.

SCORING	INTERPRETATION
Enter the highest score on any 1 of the 4 sleep items (1 - 4)	Not Depressed 0 – 5
Enter the highest score on either the mood sad or mood irritable item (5 or 6)	Mild 6 – 10
Enter the highest score on any 1 appetite / weight item (7 - 10)	Moderate 11 – 15
Item 11	Severe 16 – 20
Item 12	Very Severe 21+
Item 13	
Item 14	
Item 15	
Enter the highest score on either of the 2 psychomotor items (16 or 17)	
TOTAL SCORE (RANGE 0 – 27)	