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.

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.
QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY

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

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.

SCORING: (Total score range 0-27)
1. Highest score on sleep items (1-4)_____  2. Enter score on item 5_____  3. Highest score on 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. Highest score on item 15 or 16_____  10. Sum the item scores for a total score._____