

Patient ID

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Date

MM		/		DD		/		YYYY												

Level

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Week in level

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During 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.

During the past seven days...**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.

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 check one.

- | | |
|--|---|
| <input type="checkbox"/> N/A, no prescribed meds | <input type="checkbox"/> About half the time |
| <input type="checkbox"/> Never missed | <input type="checkbox"/> Somewhat more than half the time |
| <input type="checkbox"/> Rarely | <input type="checkbox"/> Very often |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Nearly all the time |
| <input type="checkbox"/> Less than half the time | <input type="checkbox"/> All the time |

Thank you for completing this questionnaire.

Patient ID

Date

 / /
MM DD YYYY

Level

Week in
level**FOR OFFICE USE ONLY****18. Type of visit:** Protocol visit English Ad hoc visit Spanish**AT ENTRY TO LEVEL 1 (BASELINE) OR LEVEL 2 ENTRY ONLY:****19. Is the patient currently participating in any psychotherapy OTHER THAN Cognitive Therapy (CT, CBT), Interpersonal Psychotherapy (IPT), or Brief Dynamic Psychotherapy?** Yes No**QIDS-SR₁₆ SCORING SHEET****To Score the QIDS-SR₁₆:**

Enter the highest score on any 1 of the 4 sleep items (1-4 above)

Item 5

Enter the highest score on any 1 appetite/weight item (6-9)

Item 10

Item 11

Item 12

Item 13

Item 14

Enter the highest score on either of the 2 psychomotor items (15 and 16)

20. Total Score (Range: 0-27)

CRC ID