I have lost 2 pounds or more

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DATE OF BIRTH

DEPRESSIVE SYMPTOMATOLOGY INVENTORY QIDS-SR16 (Page 1)

Your clinician has indicated a need for a depression inventory. Please indicate your response to the following by filling in the appropriate response numbered at left.

0000	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 sleep, more than half the time.
0000	I do not wake up at night. I have a restless, 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 mins or more, more than half the time
0000	Most of the time, I awaken no more than 30 mins before I need to get up. More than half the time, I awaken more than 30 mins 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 I awaken at least one hour before I need to, and can't go back to sleep.
0000	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.
0000	I don't feel sad I feel sad less than half the time I feel sad more than half the time I feel sad nearly all of the time
0000	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-hr period, and only with extreme personal effort or persuasion
0000	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.
0	I have not had a change in my weight I feel as if I've had a slight weight loss

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DATE OF BIRTH

DEPRESSIVE SYMPTOMATOLOGY INVENTORY QIDS-SR16 (Page 2)

I have lost 5 pounds or more
I have not had a change in my weight I feel as if I've had a slight weight gain I have gained 2 pounds or more I have gained 5 pounds or more
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.
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.
I do not think of suicide or death I feel that life is empty or wonder if it's worth living I think suicide or death several times a week for several minutes I think of suicide or death several times a day in some detail
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.
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 I really cannot carry out most of my usual daily activities because I just don't have energy
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
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

Serenity Ketamine Center

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DATE OF BIRTH

DEPRESSIVE SYMPTOMATOLOGY INVENTORY QIDS-SR16 (Page 3)

0000	I don't get more tired than usual I get tired more easily than I used to I get tired from doing almost anything I am too tired to do anything
	r ann too thea to do anything
0	My appetite is no worse than usual My appetite is not as good as it used to be
0 0	My appetite is much worse now I have no appetite at all anymore
0	I haven't lost much weight, if any, lately
0	I have lost more than five pounds
0	I have lost more than 10 pounds
0	I have lost more than 15 pounds
0	I am not worried about my health more than usual
0	I am worried about physical problems like aches, pain, upset stomach or constipation
0	I am very worried about physical problems and it is hard to think about much else
0	I am so worried about my physical problems that I cannot think about anything else
0	I have not noticed any recent changes in my interest in sex
0	I am less interested in sex than I used to be
0	I have almost no interest in sex
0	I have lost interest in sex completely