This is a **Sample** version of the

**Inventory of Depressive Symptomatology (IDS) KIT**

The **full version** of Inventory of Depressive Symptomatology (IDS) KIT comes without ‘sample’ watermark.

**The full complete IDS KIT includes** –

- IDS overview information\Scoring/ Administration instructions
- IDS Clinical Validity
- IDS-SR (Self-Report) 30 item questionnaire
- IDS-C (Clinician-Rated) 30 item questionnaire
- QIDS-C16 (Quick Inventory, Clinician-Rated) 16 item questionnaire
- QIDS-SR16 (Quick Inventory, Self-Rated) 16 item questionnaire

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The complete IDS-KIT come in a Zip (670KB) compressed format.
Inventory of Depressive Symptomatology (IDS) &
Quick Inventory of Depressive Symptomatology (QIDS)

ABOUT THE IDS AND QIDS
Background and Rationale

VALIDITY
Content
Criterion
Construct

RELIABILITY
Internal Consistency

GENERALIZABILITY
TABLE 1. Selected Publications Using the IDS-SR$_{30}$, IDS-C$_{30}$, QIDS-SR$_{16}$, or QIDS-C$_{16}$
Additional Applications
ABOUT THE IDS AND QIDS

The 30 item Inventory of Depressive Symptomatology (IDS) (Rush et al. 1986, 1996) and the 16 item Quick Inventory of Depressive Symptomatology (QIDS) (Rush et al. 2003) are designed to assess the severity of depressive symptoms. Both the IDS and the QIDS are available in the clinician (IDS-C$_{30}$ and QIDS-C$_{16}$) and self-rated versions (IDS-SR$_{30}$ and QIDS-SR$_{16}$). The IDS and QIDS assess all the criterion symptom domains designated by the American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders - 4th edition (DSM-IV) (APA 1994) to diagnose a major depressive episode. These assessments can be used to screen for depression, although they have been used predominantly as measures of symptom severity. The seven day period prior to assessment is the usual time frame for assessing symptom severity.

The QIDS-C$_{30}$ and QIDS-SR$_{16}$ cover only the nine diagnostic symptom domains used to characterize a major depressive episode, without items to assess atypical, melancholic or their commonly associated symptoms. All 16 items on the QIDS are included within the IDS. The IDS-C$_{30}$ and IDS-SR$_{16}$ include the criterion symptoms, as well as commonly associated symptoms (e.g. anxiety, irritability) and items relevant to melancholic, or atypical symptom features.

Both the IDS and QIDS are easy to administer in either the clinician-rated (IDS-C$_{30}$ and QIDS-C$_{16}$) or patient self report (IDS-SR$_{30}$ and QIDS-SR$_{16}$) versions; they require minimal training. Both versions are sensitive to change, with medications, psychotherapy, or somatic treatments, making them useful for both research and clinical purposes. The psychometric properties of both the IDS and QIDS, have both been established in various study samples.
**Background and Rationale.** There are several accepted clinician rated and patient self report measures of depressive symptoms. The most commonly used clinician rated scales are the 17, 21, 24, 28, and 31 item versions of the Hamilton Rating Scale for Depression (HRSD) (Hamilton 1960, 1967), and the 10-item Montgomery-Asberg Scale (Montgomery and Asberg 1979). The most frequently used self-reports include the 13, and 21 item version of the Beck Depression Inventory (BDI) (Beck et al. 1961), the BDI-II (Beck et al. 1996), the Zung Depression Rating Scale (Zung 1965), the Carroll Rating Scale (CRS) (Carroll et al. 1981), and the Patient Health Questionnaire - 9 (PHQ-9) (Kroenke et al. 2001). The IDS and QIDS have been compared to several of these measures.

The IDS and QIDS were developed to improve on the available clinician and patient ratings by 1) providing equivalent weightings (0-3) for each symptom item; 2) providing clearly stated anchors that estimate the frequency and severity of symptoms; 3) including all DSM-IV criterion items required to diagnose a major depressive episode; and 4) providing matched clinician and patient ratings (Rush et al. 1986, 1996, 2003, 2005, in press, Gullion and Rush 1998, Trivedi et al 2004).

The items on the self report and clinician rated versions of the IDS-C_{30} and IDS-SR_{30} rate identical symptoms with equivalent anchors, as do the items of the QIDS-C_{16} and QIDS-SR_{16}. The self-report versions, the IDS-SR_{30} and QIDS-SR_{16} were developed to be easy to use severity measures, providing a potentially more time efficient alternative to the IDS-C_{30} and QIDS-C_{16} in both clinical or research settings.

Evidence of acceptable psychometric properties of the IDS-C_{30} and IDS-SR_{30} in depressed outpatients (Rush et al. 1996, 2000, 2003, in press, Gullion and Rush 1998, Trivedi et al. 2004) and depressed inpatients (Corruble et al. 1999) is available. There is also a substantial
Item response analysis of the inventory of depressive symptomatology

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Background: Both the clinician (IDS-C₃₀) and self-report (IDS-SR₃₀) versions of the 30-item Inventory of Depressive Symptomatology have acceptable psychiatric properties and have been used in various clinical studies. These two scales, however, have not been compared using item response theory (IRT) methods to determine whether the standard scoring methods are optimal.

Methods: Data were derived from 428 adult public sector outpatients with nonpsychotic major depressive disorder. The IDS-C₃₀ and IDS-SR₃₀ were compared using Samejima’s graded response model.

Results: A model was constructed jointly fitting the IDS-C₃₀ and IDS-SR₃₀. An improvement in scale performance was obtained by grouping selected items into domains (specifically sleep, psychomotor, and appetite/weight domains) analogous to the standard scoring of the 16-item Quick Inventory of Depressive Symptomatology.

Conclusions: For the IDS-C₃₀ and IDS-SR₃₀, standard scoring (ie, computing total score using all individual items) provides simplicity, comparability to published data, and a basis for clinical decision making. The revised scoring method, however, improves the utility of both scales when comparing groups as it provides explicit tests of item parameters.

Keywords: Inventory of Depressive Symptomatology, item response theory, Samejima graded response model, depressive symptoms, symptom ratings

Introduction

The 30-item Inventory of Depressive Symptomatology (IDS₃₀) (Rush et al 1996, 2000; Trivedi et al 2004b) has been widely used and evaluated using classical test theory methods. The standard total score is obtained by summing the ratings of 28 of the 30 items. Either weight loss or weight gain, appetite loss or appetite gain is scored because only one member of each pair is applicable to any given respondent. Each of the 28 items is scored on a 0 to 3 scale (0—the absence of pathology; 3—severe pathology). The total scores range from 0 to 84. Standard scoring assumes a traditional model of tests known as classical test theory (CTT) in which the trait score (depression in this case) represents the scale score total plus random error of measurement. Items are the unit of analysis.

Totaling individual items is not the only way to score a test. For example, the 16-item Quick Inventory of Depressive Symptomatology (QIDS₁₆) (Rush et al 2000, 2003b; Trivedi et al 2004b) uses domain scoring such that when more than one item belongs to the same general domain (eg, four items assess sleep disturbance), the items are grouped and assigned a single score for that domain based upon the highest (most pathological) score for the domain-related items. Thus, for the QIDS, the scores for three domains are based on more than one item (4 items for sleep disturbance, 2 items for psychomotor disturbance, and 4 items for the appetite/weight domain). Each of the remaining 5 items is individually scored for each domain (eg, sad mood, concentration, decision making). Thus, 16 items are used to score 9 domains on the QIDS. This

This is the end of the sample IDS clinical Validity. Please goto page 1 to purchase full complete kit.
Inventory of Depressive Symptomatology (IDS) & Quick Inventory of Depressive Symptomatology (QIDS)

ADMINISTRATION

SCORING
TABLE 2. Scoring IDS-SR\textsubscript{30}, IDS-C\textsubscript{30}, QIDS-SR\textsubscript{16}, QIDS-C\textsubscript{16}

INTERPRETATION
TABLE 3. Conversion Between IDS-SR\textsubscript{30} and QIDS-SR\textsubscript{16}, Total Scores and HRSD\textsubscript{17}, HRSD\textsubscript{21} and HRSD\textsubscript{24} Total Scores using IRT Analysis
TABLE 4. Estimated Comparisons of Total Scores

REFERENCES
ADMINISTRATION

The patient is asked to rate the severity and frequency of specific symptoms present over the last 7 days. The clinician versions (IDS-C<sub>30</sub> and QIDS-C<sub>16</sub>) are completed by a clinician or trained rater. It takes approximately 10 to 15 minutes to administer the IDS-C<sub>30</sub>, and 5 to 7 minutes to complete the QIDS-C<sub>16</sub>.

The clinician proceeds through the items, asking the patient to report on each item of the IDS-C<sub>30</sub>, or QIDS-C<sub>16</sub>. The symptoms are familiar to clinicians, as the individual items are defined by the constructs represented in the DSM-IV criteria for MDD. Each item is interval scaled from 0 to 3; 0 indicates absence of the symptom during the last 7 days. The anchors are intended to help raters represent the frequency and intensity associated with each item / symptom. An adjunctive semi-structured interview guide is available in the English and Spanish versions of the IDS-C<sub>30</sub> and QIDS-C<sub>16</sub>. They provide a set of standardized introductory questions and follow-up prompts that are helpful in standardizing test administration. The semi-structured interview format guides less clinically experienced test administrators in test administration, assuring the constructs underlying the items are queried in a consistent manner, thus allowing for a high degree of confidence in the interpretations and subsequent generalizability of the scores obtained.

When administering the self-report version, patients should be instructed to take their time, read each item carefully, read all the possible responses, and choose the item response (0, 1, 2, or 3) that best describes themselves over the last 7 days. The self-report versions (IDS-SR<sub>30</sub>
and QIDS-SR\textsubscript{16} should be completed in one sitting. Care should be taken to note if the patient is not able to read the assessment effectively (i.e. literacy below 6th grade level). If patients are not able to confidently read the self report versions, the clinician rated structured interview versions should be substituted, or the self report can be read to the patient to assist him/her.

**SCORING**

When complete, the IDS-C\textsubscript{30} and IDS-SR\textsubscript{30} are scored by summing responses to 28 of the 30 items to obtain a total score ranging from 0 to 84. Either appetite increase or decrease, but not both, are used to calculate the total score. Weight increase or decrease, but not both, are used to calculate the total score (Rush et al. 1996).

The QIDS-C\textsubscript{16} and the QIDS-SR\textsubscript{16} total scores range from 0 to 27. The total score is obtained by adding the scores for each of the nine symptom domains of the DSM-IV MDD criteria: depressed mood, loss of interest or pleasure, concentration/decision making, self-outlook, suicidal ideation, energy/fatigability, sleep, weight/appetite change, and psychomotor changes (Rush et al. 2003). Sixteen items are used to rate the nine criterion domains of major depression: 4 items are used to rate sleep disturbance (early, middle, and late insomnia plus hypersomnia); 2 items are used to rate psychomotor disturbance (agitation and retardation); 4 items are used to rate appetite/weight disturbance (appetite increase or decrease and weight increase or decrease). Only one item is used to rate the remaining 6 domains (depressed mood, decreased interest, decreased energy, worthlessness/guilt, concentration/decision making, and suicidal ideation). Each item is rated 0-3. For symptom domains that require more than one item, the highest score of the item relevant for each domain is taken. For example, if early
“I would like to ask you some questions about how you have been feeling over the past 7 days. In answering these questions, it may help you to compare the last week to a time when you were feeling okay, more like your normal self.”

Patients with chronic symptoms may not be able to identify a period of normalcy or may report that “depressed” is their usual state. However, depression should not be rated as “normal” (i.e., a rating of “0”) in these cases.

In making each rating, consider the frequency, duration, and intensity/severity of the symptom. The degree of functional impairment caused by the symptom may be important in the ratings of some, but not all symptoms.

1. How have you been sleeping in the past week? Have you had any trouble falling asleep when you go to bed? Right after you go to bed, how long does it take you to fall asleep? How many days in the past week have you had trouble falling asleep?

<table>
<thead>
<tr>
<th>1. Sleep Onset Insomnia:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

2. During the past week, have you been waking in the middle of the night? How long do you stay awake? Do you get out of bed? (IF NO INSomnia). Has your sleep has been restless or disturbed some nights?

<table>
<thead>
<tr>
<th>2. Mid-Nocturnal Insomnia:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

3. What time have you been waking up in the past week? With or without an alarm? Is this earlier than is normal for you? How many days in the past week? Are you able to go back to sleep?

<table>
<thead>
<tr>
<th>3. Early Morning Insomnia:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<td>3</td>
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</tbody>
</table>

This is the end of the sample IDS-C questionnaire. Please goto page 1 to purchase full complete kit.
INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)  
(IDS-SR)

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

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. Feeling Irritable:
   0 I do not feel irritable
   1 I feel irritable less than half the time.
   2 I feel irritable more than half the time.
   3 I feel irritable nearly all of the time.

7. Feeling Anxious or Tense:
   0 I do not feel anxious or tense.
   1 I feel anxious (tense) less than half the time.
   2 I feel anxious (tense) more than half the time.
   3 I feel extremely anxious (tense) nearly all of the time.

8. Response of Your Mood to Good or Desired Events:
   0 My mood brightens to a normal level which lasts for several hours when good events occur.
   1 My mood brightens but I do not feel like my normal self when good events occur.
   2 My mood brightens only somewhat to a rather limited range of desired events.
   3 My mood does not brighten at all, even when very good or desired events occur in my life.

9. Mood in Relation to the Time of Day:
   0 There is no regular relationship between my mood and the time of day.
   1 My mood often relates to the time of day because of environmental events (e.g., being alone, working).
   2 In general, my mood is more related to the time of day than to environmental events.
   3 My mood is clearly and predictably better or worse at a particular time each day.

9A. Is your mood typically worse in the morning, afternoon or night? (circle one)

9B. Is your mood variation attributed to the environment? (yes or no) (circle one)

10. The Quality of Your Mood:
   0 The mood (internal feelings) that I experience is very much a normal mood.
   1 My mood is sad, but this sadness is pretty much like the sad mood I would feel if someone close to me died or left.
   2 My mood is sad, but this sadness has a rather different quality to it than the sadness I would feel if someone close to me died or left.
   3 My mood is sad, but this sadness is different from the type of sadness associated with grief or loss.

This is the end of the sample IDS-SR questionnaire. Please goto page 1 to purchase full complete kit.
QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (CLINICIAN-RATED)
(QIDS-C)

NAME: _____________________________________________  TODAY’S DATE: ________________

Please circle one response to each item that best describes the patient for the last seven days.

1. Sleep Onset Insomnia:
   0  Never takes longer than 30 minutes to fall asleep.
   1  Takes at least 30 minutes to fall asleep, less than half the time.
   2  Takes at least 30 minutes to fall asleep, more than half the time.
   3  Takes more than 60 minutes to fall asleep, more than half the time.

2. Mid-Nocturnal Insomnia:
   0  Does not wake up at night.
   1  Restless, light sleep with few awakenings.
   2  Wakes up at least once a night, but goes back to sleep easily.
   3  Awakens more than once a night and stays awake for 20 minutes or more, more than half the time.

3. Early Morning Insomnia:
   0  Less than half the time, awakens no more than 30 minutes before necessary.
   1  More than half the time, awakens more than 30 minutes before need be.
   2  Awakens at least one hour before need be, more than half the time.
   3  Awakens at least two hours before need be, more than half the time.

4. Hypersomnia:
   0  Sleeps no longer than 7-8 hours/night, without naps.
   1  Sleeps no longer than 10 hours in a 24 hour period (include naps).
   2  Sleeps no longer than 12 hours in a 24 hour period (include naps).
   3  Sleeps longer than 12 hours in a 24 hour period (include naps).

5. Mood (Sad):
   0  Does not feel sad.
   1  Feels sad less than half the time.
   2  Feels sad more than half the time.
   3  Feels intensely sad virtually all the time.

6. Appetite (Decreased):
   0  No change from usual appetite.
   1  Eats somewhat less often and/or lesser amounts than usual.
   2  Eats much less than usual and only with personal effort.
   3  Eats rarely within a 24-hour period, and only with extreme personal effort or with persuasion by others.

7. Appetite (Increased):
   0  No change from usual appetite.
   1  More frequently feels a need to eat than usual.
   2  Regularly eats more often and/or greater amounts than usual.
   3  Feels driven to overeat at and between meals.

8. Weight (Decrease) Within The Last Two Weeks:
   0  Has experienced no weight change.
   1  Feels as if some slight weight loss occurred.
   2  Has lost 2 pounds or more.
   3  Has lost 5 pounds or more.

9. Weight (Increase) Within the Last Two Weeks:
   0  Has experienced no weight change.
   1  Feels as if some slight weight gain has occurred.
   2  Has gained 2 pounds or more.
   3  Has gained 5 pounds or more.

**Enter the highest score on any 1 of the 4 appetite/weight change items (6–9 above) _____**

10. Concentration/Decision Making:
    0  No change in usual capacity to concentrate and decide.
    1  Occasionally feels indecisive or notes that attention often wanders.
    2  Most of the time struggles to focus attention or make decisions.
    3  Cannot concentrate well enough to read or cannot make even minor decisions.

**Enter the highest score on any 1 of the 4 sleep items (1–4 above) _____**

This is the end of the sample QIDS-C questionnaire. Please goto page 1 to purchase full complete kit.
The Quick Inventory of Depressive Symptomatology (16-Item) (Self-Report) (QIDS-SR16)

Name or ID: ___________________________  Date: ___________________________

CHECK THE ONE RESPONSE TO EACH ITEM THAT BEST DESCRIBES YOU FOR THE PAST SEVEN DAYS.

During the past seven days...

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.

During the past seven days...

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.

Please complete either 6 or 7 (not both)

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.

Please complete either 8 or 9 (not both)

8. Decreased Weight (Within the Last Two Weeks):
   - 0  I have not had a change in my weight.
   - 1  I feel as if I have 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 have had a slight weight gain.
   - 2  I have gained 2 pounds or more.
   - 3  I have gained 5 pounds or more.