

**PREVALENCE & CLINICAL COURSE OF DEPRESSION AMONG PATIENTS WITH
HEART FAILURE, VA HSR&D, NURSING RESEARCH INITIATIVE # 05-209-3**

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE PACKET

The time that you will take to complete the questionnaire packet is greatly appreciated. By completing the questionnaires, you are making a vital contribution to this research study. Your answers will help determine how to provide necessary information in the most effective manner.

Please try to answer every question. People with a variety of experiences will be filling out these important questionnaires. Some of the questions may not seem relevant to you, however, we need you to answer every question as honestly as you can. There are no right or wrong answers. We are interested in your opinions and feelings.

This questionnaire packet consists of several different forms. Excluding the last 2 sets of questionnaires, most of the questionnaires will be administered by a research assistant asking the questions. The last 2 sets of questionnaires have instructions at the top of the first page of the form.

Please be assured that the answers you give are strictly confidential. You are identified by a code number in this project. Only the project director and the principal investigator have access to the codes. Your answers will remain private.

THANK YOU VERY MUCH FOR YOUR PARTICIPATION IN THIS IMPORTANT PROJECT

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average 22 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is collected to fulfill the need identified by the Department of Veteran Affairs, Health Services Research & Development (HSR&D), Nursing Research Initiative to identify the prevalence and clinical course of depression as well as identify the physiological and psychosocial measurements that may be associated with depression among Veterans with heart failure. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. Response to this survey is voluntary and failure to furnish this information will have no impact on benefits to which you may be entitled.

Privacy Act: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C., Part I, Chapter 5, Section 527. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, the Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization.

VA Form 10-21085a (NR)

MINI-MENTAL STATUS EXAM

ORIENTATION:	CORRECT	INCORRECT
1. DATE		
2. YEAR		
3. MONTH		
4. DAY		
5. SEASON		
6. WARD (CLINIC, FLOOR)		
7. HOSPITAL		
8. CITY		
9. COUNTY		
10. STATE		
REGISTRATION: REPEAT 3 NAMES OF OBJECTS		
11. COOK		
12. BLUE		
13. HORSE		
ATTENTION: SPELL "WORLD" BACKWARDS OR BACKWARDS 7'S FROM 100		
14. D 93		
15. L 86		
16. R 79		
17. O 72		
18. W 65		
RECALL: REMEMBER 3 NAMES OF OBJECTS		
19. COOK		
20. BLUE		
21. HORSE		
LANGUAGE: NAMING AND REPEATING		
22. WHAT IS THIS (WATCH)?		
23. WHAT IS THIS (PEN OR PENCIL)?		
24. REPEAT "NO IFS, ANDS OR BUTS"		
25. FOLLOW 3-STEP INSTRUCTION: TAKE THIS PAPER IN YOUR RIGHT HAND		
26. FOLD IT IN HALF AND		
27. PUT IT ON THE FLOOR		
28. READ THIS SENTENCE AND DO WHAT IT SAYS (CLOSE YOUR EYES)		
TOTAL (MAXIMUM = 28)		

CLOSE YOUR EYES

Revision date 11/26/06

Completed by: _____

Date: _____

VA Form 10-21085b (NR)

Functional Class Instruments: New York Heart Association Functional Classification (NYHA)

3	Classification	Description
☐	CLASS I⁽¹⁾	Patients with cardiac disease but without resulting limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain. <u>(no limitations)</u>
☐	CLASS II⁽²⁾	Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain. <u>(ordinary physical activity causes symptoms)</u>
☐	CLASS III⁽³⁾	Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or anginal pain. <u>(< ordinary physical activity causes symptoms)</u>
☐	CLASS IV⁽⁴⁾	Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased. <u>(symptoms at rest)</u>

Functional Class Instruments: Specific Activity Scale (SAS)

Criteria for Determination of the Specific Activity Scale Functional Class

	Any Yes	No
1. Can you walk down a flight of steps without stopping? (4.5–5.2 mets)	Go to #2	Go to #4
2. Can you carry anything up a flight of 8 steps without stopping (5–5.5 mets), or can you: a) have sexual intercourse without stopping (5-5.5 mets)? b) garden, rake, weed (5.6 mets)? c) roller skate, dance fox-trot (5-6 mets)? d) walk at a 4 miles-per-hour rate?	Go to #3	Class III
3. Can you carry at least 24 pounds up 8 steps (10 mets), or can you: a) carry objects that are at least 80 pounds (8 mets)? b) do outdoor work – shovel snow, spade soil (7 mets)? c) do recreational activities such as skiing, basketball, touch football, squash, handball 1 (7-10 mets)? d) jog/walk 5 miles per hour (mets)?	Class I	Class II
4. Can you shower without stopping (3.6-4.2), or can you: a) strip and make bed (3.9-5 mets)? b) mop floors (4.2 mets)? c) hang washed clothes (4.4 mets)? d) clean windows (3.7 mets)? e) walk 2.5 miles per hour (3-3.5 mets)? f) bowl (3-4.4 mets)? g) play golf (walk and carry clubs) (4.5 mets)? h) push a power lawn mower (4 mets)?	Class III	Go to #5
5. Can you dress without stopping because of symptoms? (2 – 2.3 mets)	Class III	Class IV
<input type="checkbox"/> Class I ⁽¹⁾	<input type="checkbox"/> Class II ⁽²⁾	<input type="checkbox"/> Class III ⁽³⁾
<input type="checkbox"/> Class IV ⁽⁴⁾		

VA Form 10-21085c (NR)

DSM-IV DEPRESSION INTERVIEW AND STRUCTURED HAMILTON
(Dish, Version 2d, Revised 3/31/98)

Patient ID: <input type="text"/> <input type="text"/> <input type="text"/>	Patient Initials: <input type="text"/> <input type="text"/> <input type="text"/>	VISIT: <input type="text"/> <input type="text"/>
Interview Date: _____ / _____ / _____ Month Day Year	Interview Initials: _____	

INTERVIEW LOCATION: If interview was initiated while the patient was still hospitalized but completed after discharge, circle both "inpatient" and the location at completion	INPATIENT (I)	OUTPATIENT (O)	PATIENT'S RESIDENCE (R)	TELEPHONE (T)
ASSESSMENT PHASE: Circle the applicable box	INITIAL EVALUATION		FOLLOW-UP	OTHER
RELIABILITY CHECK: If you are a secondary interviewer conducting a reliability check on the "real" interview, circle the method you're using to watch and/or listen to the interview.	IN-PERSON (I)	AUDIOTAPE (A)	VIDEOTAPE (V)	TELEPHONE (T)

#	VIDEOTAPED INTERVIEWS: Complete this section if you are coding a videotaped interview, and staple the DSF or DFU to the DISH				
1	PURPOSE:	1 = Training 2 = Certification 3 = Coding Test	4 = Clinical Judge 5 = Clinical Consensus 6 = Primary Interviewer	7 = Other	
2	SUBJECT INITIALS:	AGE:	GENDER:	INTERVIEWER:	
3	TAPED INTERVIEWER NUMBER				<input type="text"/>
4	DATE OF INTERVIEW (mmddyy)				<input type="text"/>
5	Dx FORM TO ATTACH	1=DSF		2=DFU	<input type="text"/>

ACKNOWLEDGEMENTS: This interview was designed for use in the National Heart, Lung, and Blood Institute's Enhancing Recovery in Coronary Heart Disease (ENRICH) Project and related studies. Its purpose is to obtain the information needed to (1) diagnose current major and minor depressive episodes and dysthymia according to the DSM-IV criteria (American Psychiatric Association, 1994); (2) assess the past history and longitudinal course of depressive disorders, including partial and full remissions, relapses, and recurrences; (3) determine the 17-item Hamilton Rating Scale for Depression severity score for the past week; and (4) perform preliminary screening for other neuropsychiatric disorders. The form integrates material from several different sources including the Hamilton Rating Scale for Depression (Hamilton, 1960); the standardized version of the Hamilton scale developed by NIMH for use in the Early Clinical Drug Evaluation (ECDEU) program (Guy, 1976) and the Treatment of Depression Collaborative Research Program (Eikin et al, 1985, 1989); the Structured Interview Guide for the Hamilton Depression Rating Scales (Williams, 1988, 1992); the National Institute of Mental Health Diagnostic Interview Schedule (Robins, Helzer, Croughan, and Ratcliff, 1981; Robins, Cottler, Buchotz, and Compton, 1995); a modified version of the NIMH Diagnostic Interview Schedule (Carney and Freedland, 1988) that has been used primarily in research on depression in patients with coronary heart disease, and the DSM-IV manual. Most of the Hamilton items were adapted from, or taken verbatim from, the SIGH-D (Williams, 1988, 1992). Finally, numerous ENRICH investigators, staff, and consultants contributed to this version of the DISH.

OPTIONAL OPENING QUESTIONS

#	
1	<p>[OPT] I'D LIKE TO START BY ASKING YOU ABOUT YOUR FAMILY. {ARE YOU MARRIED? CHILDREN? GRANDCHILDREN? HOW OLD? ETC.}</p> <p>[OPT] WOULD YOU MIND TELLING ME ABOUT HOW YOU FOUND ABOUT YOUR HEART DISEASE (I.E. HEART FAILURE? {DID YOU HAVE CHEST PAIN? SHORTNESS OF BREATH? EXTREME FATIGUE? HEART ATTACK? GO TO THE ER? HAVE A REGULAR CHECKUP?}</p> <p>[OPT] BEFORE THIS HAPPENED, DID YOU ALREADY KNOW THAT YOU HAD HEART DISEASE, OR DID KNOWING ABOUT HAVING A HEART FAILURE COME AS A COMPLETE SURPRISE?</p> <p>[OPT] WHAT'S IT BEEN LIKE FOR YOU HAVING THIS PROBLEM OF HEART FAILURE? HAS IT BEEN HARD TO COPE WITH ALL OF THIS? HAS IT BEEN HARD FOR YOUR {SPOUSE, FAMILY}?</p> <p>[OPT] HAVE YOU HAD MANY VISITORS? WHO'S BEEN ABLE TO COME AND VISIT? IS THERE ANYONE WHO'S TOO FAR AWAY OR WHO CAN'T BE HERE FOR SOME REASON? HOW DO YOU FEEL ABOUT THAT?</p> <p>[OPT] ARE YOU WORRIED ABOUT HOW LIFE IS GOING TO BE FOR YOU {AND YOUR SPOUSE, FAMILY} AFTER YOU GET OUT OF THE HOSPITAL? WHAT KINDS OF PROBLEMS DO YOU THINK YOU MIGHT HAVE TO FACE?</p> <p>[OPT] WHAT KIND OF WORK {DO, DID} YOU DO? ARE YOU RETIRED OR ON LEAVE?</p> <p>[OPT] [IF NOT WORKING]: HOW LONG HAVE YOU BEEN {RETIRED, ON LEAVE, ETC.}? DID YOU {RETIRE, STOP WORKING, ETC.} BECAUSE OF YOUR AGE, YOUR HEALTH, OR SOME OTHER REASON?</p> <p>[OPT] [IF STILL WORKING]: HAS YOUR DOCTOR TOLD YOU ANYTHING YET ABOUT WHEN YOU MIGHT BE ABLE TO GO BACK TO WORK? ARE YOU CONCERNED ABOUT WHAT WILL HAPPEN {IF, WHEN} YOU GO BACK?</p>

CURRENT DEPRESSION SYMPTOMS

#	ANHEDONIA AND ACTIVITY	CODE	HRDS	DSM-IV	DURATION
2	<p>[REQ] <i>[IF INPATIENT OR < 1 WEEK POST-DISCHARGE]: WHAT HAVE YOU BEEN DOING TO PASS THE TIME OVER THE PAST FEW DAYS?</i></p> <p>[REQ] [IF > 1 WEEK POST DISCHARGE]: HAVE YOU BEEN WORKING THIS WEEK?</p> <p>[OPT] [IF YES]: HAVE YOU BEEN WORKING AS MANY HOURS AS USUAL? HAVE YOU BEEN ABLE TO GET AS MUCH DONE AS YOU USUALLY DO (WHEN YOU'RE FEELING OKAY)?</p> <p>[OPT] [IF NO]: WHAT ARE THE REASONS WHY YOU AREN'T WORKING?</p> <p>[REQ] [IF > 1 WEEK POST-DISCHARGE]: HOW HAVE YOU BEEN SPENDING YOUR FREE TIME THIS PAST TWO WEEKS (WHEN YOU ARE NOT AT WORK)?</p> <p>[OPT] HAVE YOU BEEN DOING ANYTHING FOR FUN OR RECREATION?</p> <p>[OPT] HAVE YOU REALLY FELT INTRESTED IN DOING {THOSE THING}, OR HAVE YOU HAD TO PUSH YOURSELF TO DO THEM?</p> <p>[OPT] HAVE YOU STOPPED DOING ANYTHING YOU USED TO ENJOY DOING? [IF YES]: WHY?</p> <p>[OPT] IF/WHEN YOU ARE ABLE TO RESUME [YOUR FAVORITE ACTIVITES]; DO YOU THINK THAT YOU WOULD STILL ENJOY THEM, OR HAVE YOU LOST INTEREST IN [THESE ACTIVITIES]?</p> <p>[REQ] <i>HAVE YOU BEEN FEELING LIKE YOU'VE LOST INTEREST IN MOST THINGS, OR LIKE YOU'RE NOT GETTING MUCH PLEASURE FROM THINGS YOU USED TO ENJOY?</i></p> <p><i>[IF YES]: HAVE YOU BEEN FEELING LIKE THAT MOST OF THE TIME OR SOME OF THE TIME? HOW LONG HAVE YOU BEEN FEELING THAT WAY? SINCE YOUR HOSPITALIZATION? OR EVEN BEFORE YOUR HOSPITALIZATION?</i></p> <p>[OPT] IS THERE ANYTHING YOU ARE LOOKING FORWARD TO DOING?</p>				
	<p>[REQ] [RATE WORK & ACTIVITES LAST TWO WEEKS AND RECORD ON <u>HRDS TALLY SHEET</u></p> <p>0 --- NO DIFFICULTY</p> <p>1 --- THOUGHTS & FEELINGS OF INCAPACITY, FATIGUE, OR WEAKNESS RELATED TO ACTIVITIES, WORK OR HOBBIES</p> <p>2 --- LOSS OF INTEREST IN ACTIVITIES, HOBBIES, OR WORK, OR PT. FEELS S/HE HAS TO PUSH SELF TO DO WORK OR ACTIVITIES</p> <p>3 --- DECREASE IN ACTUAL TIME SPENT IN ACTIVITIES OR DECREASE IN PRODUCTIVITY. [IN HOSPITAL]: PT SPENDS < APPROX 25% OF FREE TIME WHILE AWAKE & ALERT ON RECREATIONAL ACTIVITIES (EG., READING, VISITNG, WATCHING TV)</p> <p>4 --- PT HAS DISCONTINUED WORK AND/OR RECREATINAL ACTIVITIES (ABOVE & BEYOND ANY PHYSICAL LIMITATIONS IMPOSED BY ILLNESS OR HOSPITALIZATION)</p>		HRSD		

CURRENT DEPRESSION SYMPTOMS

#	Anhedonia and Activity	CODE	HSSRD	DSM-IV	DURATION
3	<p>[REQ] <i>LATELY HAVE YOU LOST INTEREST IN SPENDING TIME WITH OTHER PEOPLE, OR HAVE YOU FELT LIKE AVOIDING PEOPLE YOU USUALLY LIKE TO VISITS? [IF YES, PROBE FOR FREQUENCY]; HAVE YOU BEEN FEELING LIKE THAT MOST OF THE TIME? SOME OF THE TIME?</i></p>				
	<p>[REQ] <i>[RATE SOCIAL WITHDRAWAL]</i></p> <p>0 --- NO LOSS OF INTEREST IN OR AVOIDANCE OF SOCIAL CONTACT</p> <p>1 --- SOCIALLY WITHDRAWN SOME DAYS</p> <p>2 --- SOCIALLY WITHDRAWN MOST DAYS</p> <p>M --- MEDICAL SX ONLY</p> <p>R --- REFUSED</p> <p>U --- UNABLE TO ASSESS</p>	CODE			
4	<p>[REQ] <i>[RATE ANHEDONIA BASED ON ITEMS 1-3 AND TRANSFER <u>TO DIAGNOSIS GUIDE</u>]</i></p> <p>0 --- NO SIGNIFICANT LOSS OF INTEREST OR PLEASURE IN ACTIVITIES (DURATION = N/A)</p> <p>1 --- LOSS OF INTEREST OR PLEASURE IN MOST ACTIVITIES PRESENT SOME DAYS (DURATION = _____ WEEKS)</p> <p>2 --- LOSS OF INTEREST OR PLEASURE IN MOST ACTIVITIES PRESENT MOST DAYS (DURATION = _____ WEEKS)</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS)</p> <p>R --- REFUSED (DURATION = R)</p> <p>U --- UNABLE TO ASSESS (DURATION = U)</p> <p style="text-align: right;">DURATION IN DAYS IF < 2 WEEKS: _____</p>			DSM-IV	DURATION

CURRENT DEPRESSION SYMPTOMS

#	DYSPHORIC MOOD	CODE	HRDS	DSM-IV	DURATION
5	<p>[REQ] <i>WHAT'S YOUR MOOD BEEN LIKE OVER THE LAST TWO WEEKS?</i></p> <p>[OPT] HAVE YOU BEEN FEELING (SAD, DOWN, DEPRESSED, UNHAPPY, ETC.)</p> <p>[OPT] HAVE YOU FELT LIKE CRYING, OR HAVE YOU ACTUALLY BEEN CRYING OR HAD CRYING SPELLS SOMETIME IN THE LAST WEEK?</p>				
	<p>[REQ] [RATE MOOD PAST TWO WEEKS, BASED ON PT'S ANSWERS TO THIS ITEM AND YOUR OBSERVATIONS]</p> <p>0 --- MOOD IS NOT DYSPHORIC</p> <p>1 --- MOOD IS DYSPHORIC, BUT THIS IS APPARENT ONLY IN PT'S ANSWERS TO QUESTIONS</p> <p>2 --- MOOD IS DYSPHORIC, AND IS SEVERE ENOUGH THAT PT TALKS SPONTANEOUSLY ABOUT IT</p> <p>3 --- MOOD IS DYSPHORIC, AND IS SEVERE ENOUGH THAT YOU CAN TELL NOT ONLY FROM PT'S ANSWERS BUT ALSO FROM FACIAL EXPRESSIONS, VOICE, POSTURE, CRYING, ETC.</p>		HRSD		
6	<p>[REQ] [RATE CURRENT MOOD, BASED ON ITEM #5, PROBES FOR FREQUENCY & DURATION, AND YOUR OBSERVATIONS. IF MOOD IS DYSPHORIC ASK]: HAVE YOU BEEN FEELING (SAD, DEPRESSED, EMPTY, ETC.) MOST OF THE TIME? HOW LONG HAVE YOU BEEN FEELING LIKE THAT?</p> <p>0 --- NOT DYSPHORIC (DURATION = N/Q)</p> <p>1 --- DYSPHORIC <u>SOMEDAYS</u> (DURATION = ____ WEEKS)</p> <p>2 --- DYSPHORIC <u>MOST DAYS</u> (DURATION = ____ WEEKS)</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS)</p> <p>R --- REFUSED (DURATION = R)</p> <p>U --- UNABLE TO ASSESS (DURATION = U)</p> <p style="text-align: right;">DURATION IN DAYS IF < 2 WEEKS: _____</p>			DSM-IV MAJOR: 2 MINOR: 2 DYSTH: 2	DURATION

CURRENT DEPRESSION SYMPTOMS

#	DYSPHORIC MOOD	CODE	HRDS	DSM-IV	DURATION
7	<p>[REQ] A POSITIVE SCREEN FOR DEPRESSION REQUIRES EITHER:</p> <p>A RATING OF "2" ON ITEM #4 WITH A DURATION ≥ 7 DAYS, OR A RATING OF "2" ON ITEM #6 WITH A DURATION ≥ 7 DAYS</p> <p>IF THESE CRITERIA ARE ABSENT, CONTINUE HRSD CRITERIA ONLY AND COMPLETE HRDS TALLY SHEET.</p> <p>IF YOU BELIEVE THAT PT MAY ACTUALLY BE DEPRESSED DESPITE ANSWERS TO THE CONTRARY, TRY ASKING SOME (OR SOME MORE OF) THE OPTIONAL QUESTIONS FROM ITEM #1, AND/OR OTHER ITEMS FROM OTHER PARTS OF THE DISH, TO ENCOURAGE THE PATIENT TO OPEN UP TO YOU ABOUT HIS/HER PROBLEMS AND FEELINGS. THEN, RE-ADMINISTER THE ANHEDONIA AND DYSPHORIA ITEMS. IF THE PATIENT NOW ADMITS TO THESE SYMPTOMS, REVISE THE CODES ON ITEMS 1-6 ACCORDINGLY, AND THEN CONTINUE THE INTERVIEW.</p>				
8	<p>[REQ] [IF MOOD IS DYSPHORIC, BASED ON ITEMS 5-6, ASK ONE OR BOTH OF THE FOLLOWING QUESTIONS:</p> <p>A. DID SOMETHING HAPPEN THAT MADE YOU START TO FEEL {SAD, DEPRESSED, ETC.}? WHAT SEEMS TO BE GETTING YOU DOWN?</p> <p>B. IS THERE ANYTHING ELSE BESIDES {E.G., YOUR HEART DISEASE (OR FAILURE)} THAT'S {GETTING YOU DOWN, MAKING YOU SAD, ETC.}?</p> <p>[DESCRIBE THE EVENT(S), IF ANY ARE IDENTIFIED, THAT MAY HAVE PRECIPITATED OR WORSENERD PT'S DEPRESSED MOOD, ALONG WITH DATE(S) OR DURATION(S). DOCUMENT BEREAVEMENT IF PT SUFFERED SIGNIFICANT LOSS]</p>				
9	<p>[REQ] DURING THE PAST 2 WEEKS, HAVE YOU FELT IRRITABLE OR ANGRY AT TIMES?</p> <p>[IF YES]: HAVE YOU BEEN FEELING THAT WAY MOST OF THE TIME?</p> <p>[OPT] (IF YES): HAVE YOU BEEN [IRRITABLE, ANGRY] BOUT ANYTHING IN PARTICULAR? WHAT'S BEEN MAKING YOU {E.G., MAD}?</p>				
	<p>[REQ] [RATE IRRITABILITY AND/OR ANGER LAST 2 WEEKS]:</p> <p>0 --- NOT IRRITABLE OR ANGRY 1 --- IRRITABLE OR ANGRY SOME DAYS 2 --- IRRITABLE OR ANGRY MOST DAYS</p> <p>M --- MEDICAL SX ONLY R --- REFUSED U --- UNABLE TO ASSESS</p>	CODE			

CURRENT DEPRESSION SYMPTOMS

		APPETITE AND WEIGHT	CODE	HRSD	DSM-IV	DURATION
10	<p>[REQ] <i>HOW HAS YOUR APPETITE BEEN OVER THE PAST 2 WEEKS?</i></p> <p>[OPT] IS THAT (DIFFERENT, MORE, LESS) THAN YOUR USUAL APPETITE?</p> <p>[OPT] HAVE YOU HAD TO FORCE YOURSELF TO EAT?</p> <p>[OPT] HAVE OTHER PEOPLE HAD TO URGE YOU TO EAT?</p> <p>[OPT] HAVE YOU BEEN SKIPPING MEALS?</p> <p>[OPT] HAVE YOU BEEN HAVING ANY STOMACH OR INTESTINAL PROBLEMS THAT ARE MAKING IT HARD FOR YOU TO EAT? [IT YES]: IS THAT SOMETHING YOUR DOCTOR IS TREATING YOU FOR, OR IS IT JUST THAT YOU DON'T FEEL VERY GOOD?</p>					
	<p>[REQ] <i>[RATE APPETITE PAST 2 WEEKS & ANY GI SYMPTOMS ASSOCIATED WITH LOSS OF APPETITE AND RECORD ON HRDS TALLY SHEET]</i></p> <p>0 --- NO LOSS OF APPETITE</p> <p>1 --- LOSS OF APPETITE IS PRESENT BUT PT IS EATING WITHOUT URGING OR ENCOURAGEMENT FROM OTHER PEOPLE</p> <p>2 --- PT HAS DIFFICULTY EATING WITHOUT BEING URGED OR APPETITE LOSS IS SO SEVERE THAT PT REPORTS GI SYMPTOMS SUCH AS NAUSEA</p>			HRDS		
11	<p>[REQ] HAVE YOU LOST OR GAINED ANY WEIGHT LATELY? [IF YES]: HOW MUCH? HOW LONG DID IT TAKE?</p> <p>[OPT] [IF WEIGHT GAIN]: IS THAT ONLY BECAUSE OF SWELLING & WATER RETENTION? OR, HAVE YOU ACTUALLY GAINED SOME WEIGHT?</p> <p>[OPT] [IF WEIGHT LOSS]: HAVE YOU BEEN DIETING TO LOSE WEIGHT? HAVE YOU BEEN TAKING DIURETICS (WATER PILLS)?</p> <p>[OPT] _____ LOST _____ GAINED _____ LBS IN _____ WEEKS</p> <p>USUAL WEIGHT: _____ LBS WEIGHT NOW: _____ LBS</p>					
	<p>[REQ] <i>[RATE WEIGHT LOSS AND RECORD ON HRSD TALLY SHEET]:</i></p> <p>0 --- NO WEIGHT LOSS (OR LOSS DUE SOLELY TO ILLNESS OR DIET)</p> <p>1 --- PROBABLE WEIGHT LOSS DUE TO CURRENT DEPRESSION</p> <p>2 --- DEFINITE WEIGHT LOSS DUE TO CURRENT DEPRESSION</p>			HRSD		
12	<p>[REQ] <i>[RATE CHANGE IN APPETITE AND/OR WEIGHT, BASED ON ITEMS 10-11 AND PROBES FOR FREQUENCY & DURATION AND RECORD ON DIAGNOSIS GUIDE]:</i> [IF APPETITE HAS CHANGED]: HAS YOUR APPETITE BEEN LIKE THAT MOST OF THE TIME? HOW LONG HAS IT BEEN THAT WAY?</p> <p>0 --- NORMAL APPETITE & WEIGHT (DURATION = N)</p> <p>1 --- APPETITE IS DECREASED OR INCREASED SOME DAYS, OR WEIGHT HAS CHANGED BUT LESS THAN 5% IN THE LAST MONTH (DURATION = _____ WEEKS)</p> <p>2 --- APPETITE IS DECREASED OR INCREASED MOST DAYS, OR WEIGHT HAS CHANGED AT LEAST 5% IN LAST MONTH (DURATION = _____ WEEKS)</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS) R --- REFUSED (DURATION = R) U --- UNABLE TO ASSESS (DURATION = U)</p> <p style="text-align: center;">DURATION IN DAYS IF < 2 WEEKS: _____</p>				DSM-IV MAJOR: 2 MINOR: 2 DYSTH: 2	DURATION

CURRENT DEPRESSION SYMPTOMS

#		SLEEP DISTURBANCE AND FATIGUE	CODE	HRSD	DSM-IV	DURATION
13	[REQ]	HOW HAVE YOU BEEN SLEEPING OVER THE PAST WEEK? HAVE YOU BEEN SLEEPING (LESS THAN, MORE THAN, THE SAME AS) USUAL?				
	[OPT]	[IF MORE OR LESS]: IS THAT MAKING YOU VERY SLEEPY DURING THE DAY, OR INTERFERING WITH YOUR DAYTIME ACTIVITIES?				
	[OPT]	HAVE YOU BEEN TAKING ANY MEDICINE TO HELP YOU SLEEP? [IF YES]: IS IT HELPING? IS IT MAKING YOU SLEEP TOO MUCH?				
14	[REQ]	HAVE YOU HAD TROUBLE FALLING ASLEEP AT NIGHT THIS WEEK?				
	[OPT]	RIGHT AFTER YOU GOT TO BED, HOW LONG HAS IT BEEN TAKING YOU TO FALL ASLEEP?				
	[OPT]	HOW MANY NIGHTS THIS WEEK HAVE YOU HAD TROUBLE?				
	[REQ]	[RATE SLEEP ONSET INSOMNIA THIS WEEK, BASED ON ITEMS 13-14] AND RECORD ON HRSD TALLY SHEET: 0 --- NO DIFFICULTY FALLING ASLEEP 1 --- OCCASIONAL DIFFICULTY FALLING ASLEEP (TAKES > ½ HOURS) 2 --- NIGHTLY DIFFICULTY FALLING ASLEEP (TAKES > ½ HOURS)		HRSD		
15	[REQ]	DURING THE PAST 2 WEEKS, HAVE YOU BEEN WAKING UP IN THE MIDDLE OF THE NIGHT? [IF YES]: IS THAT USUALLY BECAUSE YOU HAVE TO GO TO THE BATHROOM, OR SHORTNESS OF BREATH, OR FOR SOME OTHER REASON?				
	[OPT]	DO YOU GET OUT OF BED? WHEN YOU GET BACK INTO BED, ARE YOU ABLE TO FALL RIGHT BACK ASLEEP?				
	[OPT]	HAVE YOU BEEN SLEEPING RESTLESSLY? TOSSING & TURNING?				
	[REQ]	[RATE MIDDLE INSOMNIA & RESTLESS SLEEP OVER PAST 2 WEEKS BASED ON ITEMS 13 & 15) AND RECORD ON HRSD TALLY SHEET]: 0 --- NO DIFFICULTY STAYING ASLEEP; SLEEP IS RESTFUL 1 --- SLEEP IS RESTLESS OR DISTURBED DURING THE NIGHT 2 --- PT HAS BEEN WAKING UP DURING THE NIGHT AND HAVING DIFFICULTY FALLING BACK ASLEEP. (DO NOT COUNT IF PT IS ONLY WAKING UP TO GO TO BATHROOM).		HRSD		
16	[REQ]	WHAT TIME HAVE YOU BEEN WAKING UP IN THE MORNING OVER THE PAST 2 WEEKS? [IF EARLY]: IS THAT EARLIER THAN YOU USUALLY WAKE UP? IS IT TOO EARLY, OR IS THAT THE TIME YOU WANT TO WAKE UP?				
	[REQ]	[RATE EARLY MORNING WAKING THIS WEEK, BASED ON ITEMS 13 & 16 AND RECORD ON HRSD TALLY SHEET]" 0 --- NO DIFFICULTY; WAKES UP AT USUAL TIME 1 --- WAKES UP TOO EARLY, BUT GOES BACK TO SLEEP 2 --- WAKES UP TOO EARLY, AND CANNOT GO BACK TO SLEEP		HRSD		

CURRENT DEPRESSION SYMPTOMS

#		SLEEP DISTURBANCE AND FATIGUE	CODE	HRSD	DSM-IV	DURATION
17	[REQ]	<p><i>[RATE SLEEP DISTURBANCE, BASED ON ITEMS 13-16, AND PROBES FOR FREQUENCY AND DURATION AND RECORD ON <u>DIAGNOSIS GUIDE</u>]. IF SLEEP IS DISTURBED ASK: HAVE YOU BEEN HAVING (E.G. TROUBLE SLEEPING, SLEEPING TOO MUCH, ETC.) ALMOST EVERYDAY? HOW LONG HAS THIS BEEN HAPPENING?</i></p> <p>0 --- NO SIGNIFICANT SLEEP DISTURBANCE (DURATION = N/A)</p> <p>1 --- INSOMNIA OR HYPERSOMNIA SOME DAYS, USUALLY NOT BAD ENOUGH TO CAUSE DAYTIME SLEEPINESS OR TO AFFECT DAYTIME FUNCTIONING (DURATION = _____ WEEKS)</p> <p>2 --- INSOMNIA OR HYPERSOMNIA MOST DAYS, USUALLY BAD ENOUGH TO CAUSE DAYTIME SLEEPINESS OR TO AFFECT DAYTIME FUNCTIONING (DURATION = _____ WEEKS)</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS) R --- REFUSED (DURATION = R) U --- UNABLE TO ASSESS (DURATION = U)</p> <p style="text-align: center;">DURATION IN DAYS IF < 2 WEEKS: _____</p>			DSM-IV MAJOR: 2 MINOR: 2 DYSTH: 2	DURATION
18	[REQ]	<p><i>HOW HAS YOUR ENERGY LEVEL BEEN THIS PAST WEEK? HAVE YOU BEEN FEELING TIRED OR FATIGUED THIS WEEK?</i> [IF YES]: HOW BAD HAS IT BEEN?</p> <p>[OPT]] HOW WAS YOUR ENERGY LEVEL BEFORE HEART FAILURE?</p> <p>[OPT]] [IF TIRED, FATIGUED, OR LOW ON ENERGY]: AT THOSE TIMES WHEN YOU ARE FEELING ESPECIALLY {TIRED, FATIGUED, etc.} HAVE YOU ALSO BEEN GETTING ANY ACHES & PAINS (e.g. BACKACHES, HEADACHES, HEAVINESS IN LIMBS, etc.)</p>				
	[REQ]	<p><i>[RATE THE SEVERITY OF FATIGUE OR LOW ENERGY THIS PAST WEEK AND RECORD ON <u>HRSD TALLY SHEET</u>]</i></p> <p>0 --- ONE (NORMAL ENERGY, NOT FATIGUED) 1 --- PT REPORTS MILD TO MODERATE LOSS OF ENERGY OR FATIGUE 2 --- PT REPORTS SEVERE LOSS OF ENERGY OR FATIGUE; MAY COMPLAIN OF ASSOCIATED SYMPTOMS (EG. ACHES & PAINS)</p>		HRSD		
19	[REQ]	<p><i>[RATE FATIGUE OR LOSS OF ENERGY, BASED ON ITEM #18 AND PROBES FOR FREQUENCY & DURATION AND RECORD ON <u>DIAGNOSIS GUIDE</u>]. IF FATIGUE OR LOSS OF ENERGY IS PRESENT, ASK: HAVE YOU BEEN FEELING (E.G., FATIGUED, LOW ON ENERGY) MOST OF THE TIME? HOW LONG HAVE YOU BEEN FEELING LIKE THAT?</i></p> <p>0 --- NO SIGNIFICANT FATIGUE OR LOS OF ENERGY (DURATION = N)</p> <p>1 --- FATIGUE OR LOW ENERGY SOME DAYS (DURATION = _____ WEEKS)</p> <p>2 --- FATIGUE OR LOW ENERGY MOST DAYS (DURATION = _____ WEEKS)</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS) R --- REFUSED (DURATION = R) U --- UNABLE TO ASSESS (DURATION = U)</p> <p style="text-align: center;">DURATION IN DAYS IF < 2 WEEKS: _____</p>			DSM-IV MAJOR: 2 MINOR: 2 DYSTH: 2	DURATION

CURRENT DEPRESSION SYMPTOMS

#		GUILT, WORTHLESSNESS, AND LOW SELF-ESTEEM	CODE	HRSD	DSM-IV	DURATION
20	[REQ]	FOR THE PAST WEEK, HAVE YOU BEEN THINKING THAT YOU'VE DONE SOMETHING BAD OR WRONG, OR THAT YOU'VE LET OTHER PEOPLE DOWN IN SOME WAY				
	[REQ]	HAVE YOU BEEN FEELING GUILTY ABOUT ANYTHING?				
	[OPT]	HAVE YOU BEEN THINKING THAT YOU BROUGHT {e.g., YOUR PROBLEMS, YOUR HEART FAILURE, YOUR HEART DISEASE, DEPRESSION, etc.} ON YOURSELF? THAT IT'S YOUR FAULT? DOES IT SEEM LIKE YOU'RE BEING PUNISHED?				
	[REQ]	[IF YES]: HAVE YOU BEEN FEELING GUILTY MOST OF THE TIME? HOW LONG HAVE YOU BEEN FEELING LIKE THAT?				
	[REQ]	[RATE SEVERITY OF GUILT THIS WEEKS AND RECORD ON <u>HRSD TALLY SHEET</u>]: 0 --- ABSENT; PT DOES NOT FEEL GUILTY 1 --- PT FEELS SOMEWHAT GUILTY, EXPRESSES SELF-REPROACH, THINKS S/HE HAS LET OTHER PEOPLE DOWN 2 --- PT FEELS VERY GUILTY OR IS RUMINATING ABOUT PAST ERRORS OR SINFUL DEEDS 3 --- PT BELIEVES THAT S/HE IS ACTUALLY BEING PUNISHED IN SOME WAY (EG, AS IF FEELING BAD OR BEING ILL IS PUNISHMENT FOR A SIN, MISTAKE, ETC.); OR DELUSIONAL GUILT (EG, IRRATIONALLY BLAMESSELF FOR PROBLEMS, REAL OR IMAGINED, THAT PROBABLY AREN'T HER FAULT). 4 --- PT HAS ACCUSATORY OR DENUNCIATORY HALLUCINATIONS		HRSD		
21	[REQ]	OVER THE LAST WEEK, HAVE YOU BEEN: {CRITICIZING, COMING DOWN PRETTY HARD ON} YOURSELF? FEELING WORTHLESS AND INADEQUATE?				
	[OPT]	HAVE YOU BEEN PUTTING YOURSELF DOWN? THINKING THAT YOU DON'T LIKE YOURSELF VERY MUCH?				
	[REQ]	[IF YES]: HAVE YOU BEEN FEELING GUILTY MOST OF THE TIME? HOW LONG HAVE YOU BEEN FEELING LIKE THAT?				
	[REQ]	[RATE PT'S SELF-ESTEEM, BASED ON RESPONSES TO THIS ITEM, PROBES FOR SEVERITY & DURATION, & YOUR OBSERVATIONS THROUGHOUT THE INTERVIEW AND RECORD ON DIAGNOSIS GUIDE]: 0 --- PT HAS GOOD SELF-ESTEEM; MAY OCCASIONALLY HAVE NEGATIVE THOUGHTS ABOUT SELF, BUT GENERALLY LIKE AND ACCEPTSSELF (DURATION = N) 1 --- PT HAS FAIR SELF-ESTEEM; SOMETIMES DISLIKES, DISAPPROVES OF, IS DISAPPOINTED IN, OR IS CRITICAL OF SELF (DURATION = ____ YEARS) 2 --- PT HAS LOW SELF-ESTEEM; FREQUENTLY OR STRONGLY DISLIKES, DISAPPROVES OF, IS DISAPPOINTED IN, OR IS CRITICAL OF SELF (DURATION = ____ YEARS) M --- MEDICAL SX ONLY (DURATION = WEEKS) R --- REFUSED (DURATION = R) U --- UNABLE TO ASSESS (DURATION = U)			DSM-IV DYSTH: 2	DURATION

CURRENT DEPRESSION SYMPTOMS

#		GUILT, WORTHLESSNESS, AND LOW SELF-ESTEEM	CODE	HRSD	DSM-IV	DURATION
22	[REQ]	<p>[RATE EXCESSIVE OR INAPPROPRIATE GUILT OR FEELINGS OF WORTHLESSNESS, BASED ON ITEMS 20-21 AND PROBES FOR FREQUENCY & DURATION AND RECORD ON DIAGNOSIS GUIDE]. IF PRESENT, ASK: HAVE YOU BEEN FEELING (E.G., GUILTY, WORTHLESS, ETC.) MOST OF THE TIME? HOW LONG HAVE YOU BEEN FEELING LIKE THAT?</p> <p>0 --- DOES NOT FEEL WORTHLESS OR EXCESSIVELY OR INAPPROPRIATELY GUILTY (DURATION = N)</p> <p>1 --- FEELS WORTHLESS OR EXCESSIVELY OR INAPPROPRIATELY GUILTY SOME DAYS (DURATION = _____ WEEKS)</p> <p>2 --- FEELS WORTHLESS OR EXCESSIVELY OR INAPPROPRIATELY GUILTY MOST DAYS (DURATION = _____ WEEKS)</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS) R --- REFUSED (DURATION = R) U --- UNABLE TO ASSESS (DURATION = U)</p> <p style="text-align: right;">DURATION IN DAYS IF < 2 WEEKS: _____</p>			DSM-IV MAJOR: 2 MINOR: 2	DURATION

CURRENT DEPRESSION SYMPTOMS

	HOPELESSNESS AND SUICIDAL FEATURES	CODE	HRSD	DSM-IV	DURATION
23	<p>[REQ] OVER THE LAST 2 WEEKS, HAVE YOU BEEN FEELING DISCOURAGED OR PESSIMISTIC ABOUT THE FUTURE? HAVE YOU FELT HOPELESS?</p> <p>[OPT] [IF YES]: WHAT ARE YOU FEELING {e.g., DISCOURAGED, HOPELESS, ETC.} ABOUT? HOW SURE ARE YOU THAT THINGS WON'T GET BETTER?</p>				
	<p>[REQ] [RATE FEELINGS OF HOPELESSNESS BASED ON THIS ITEM AND PROBES FOR FREQUENCY & DURATION AND RECORD ON <u>DIAGNOSIS GUIDE</u>]. IF FEELING HOPELESS, ASK: HAVE YOU BEEN FEELING HOPELESS MOST OF THE TIME? HOW LONG HAVE YOU BEEN FEELING THAT WAY?</p> <p>0 --- NOT FEELING HOPELESS (DURATION = N)</p> <p>1 --- FEELS HOPELESS SOME DAYS (DURATION = ____ WEEKS)</p> <p>2 --- FEELS HOPELESS MOST DAYS (DURATION = ____ WEEKS)</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS)</p> <p>R --- REFUSED (DURATION = R)</p> <p>U --- UNABLE TO ASSESS (DURATION = U)</p>			DSM-IV DYSTH: 2	DURATION
24	<p>[REQ] THIS PAST 2 WEEKS, HAVE YOU BEEN THINKING ABOUT DEATH OR DYING?</p> <p>[OPT] [IF YES]: ARE YOU AFRAID OF THAT? LOOKING FORWARD TO IT?</p> <p>[REQ] HAD ANY THOUGHTS THAT LIFE IS NOT WORTH LIVING ANYMORE?</p> <p>[REQ] ANY THOUGHTS THAT YOU'D BE BETTER OFF DEAD, OR THAT YOUR {SPOUSE, FAMILY} WOULD BE BETTER OFF?</p>				
	<p>[REQ] HAVE YOU HAD ANY THOUGHT OF HURTING OR KILLING YOURSELF?</p> <p>REQ [IF YES]: WHAT HAVE YOU BEEN THINKING ABOUT DOING?</p> <p>REQ [IF YES] DO YOU THINK YOU MIGHT ACTUALLY DO THAT? HAVE YOU MADE ANY PLANS TO DO THIS? HOW SOON? DO YOU ACTUALLY HAVE THE {e.g., PILLS, WEAPON} YOU'D NEED?</p> <p>REQ [IF YES]: HAVE YOU ACTUALLY DONE ANYTHING TO HURT YOURSELF {OR TO TRY TO KILL YOURSELF}?</p>				

CURRENT DEPRESSION SYMPTOMS

#	HOPELESSNESS AND SUICIDAL FEATURES	CODE	HRSD	DSM-IV	DURATION
24	<p>[REQ] [RATE THE SEVERITY OF CURRENT SUICIDAL FEATURES AND RECORD ON <u>HRSD TALLY SHEET</u>]:</p> <p>0 --- ABSENT</p> <p>1 --- PT FEELS LIFE IS NOT WORTH LIVING OR THAT SHE (OR FAMILY) WOULD BE BETTER OFF IF S/HE WERE DEAD</p> <p>2 --- PT. WISHES S/HE WERE DEAD</p> <p>3 --- PT IS ACTIVELY THINKING ABOUT, PLANNING TO, OR PREPARING TO ATTEMPT SUICIDE, OR HAS MADE A NON-LETHAL SUICIDAL GESTURE (e.g., TAKING A FEW PILLS) WITHIN THE PAST WEEK</p> <p>4 --- PT HAS ACTUALLY ATTEMPTED SUICIDE THIS WEEK</p>		HRSD		
25	<p>[REQ] [RATE CURRENT SUICIDAL FEATURES, BASED ON ITEM #24 AND PROBES FOR FREQUENCY & DURATION AND RECORD ON <u>DIAGNOSIS GUIDE</u>]</p> <p>0 --- NO SUICIDAL IDEATION OR BEHAVIOR. PATIENT MAY HAVE OCCASIONAL, NORMAL (NON-MORBID) THOUGHTS ABOUT DEATH AND DYING (E.G., IS AFRAID OF DYING), BUT DOES NOT DWELL ON THE SUBJECT. RISK OF A SUICIDE ATTEMPT APPEARS NEGLIGIBLE AT THIS TIME (DURATION = N)</p> <p>1 --- MINIMAL SUICIDAL IDEATION OR BEHAVIOR. PATIENT MAY HAVE OCCASIONAL THOUGHT ABOUT "BEING BETTER OFF DEAD" OR PASSING THOUGHTS ABOUT SUICIDE, BUT DENIES ANY DESIRE, INTENT, PLANS, OR MEANS TO ATTEMPT SUICIDE, AND DOES NOT DWELL ON THOUGHTS OF DEATH, DYING, OR SUICIDE. RISK OF A SUICIDE ATTEMPT APPEARS MINIMAL (DURATION = ____ WEEKS)</p> <p>2 --- SIGNIFICANT SUICIDAL IDEATION OR BEHAVIOR. PATIENT HAS ONE OR MORE OF THE FOLLOWING: RECURRENT THOUGHTS OF DEATH (NOT JUST FEAR OF DYING), FREQUENT THOUGHTS OF "BEING BETTER OFF DEAD", RECURRENT SUICIDAL IDEATION, A SPECIFIC PLAN FOR COMMITTING SUICIDE, OR HAS RECENTLY ATTEMPTED SUICIDE. RISK OF A SUICIDE ATTEMPT IS SIGNIFICANT (DURATION = ____ WEEKS).</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS) R --- REFUSED (DURATION = R) U --- UNABLE TO ASSESS (DURATION = U)</p> <p style="text-align: center;">DURATION IN DAYS IF < 2 WEEKS: _____</p>			DSM-IV	DURATION
26	<p>[REQ] <u>SUICIDE RISK ASSESSMENT, ACTION PLAN & DOCUMENTATION</u></p> <p>[IF PT HAS SIGNIFICANT SUICIDAL IDEATION OR BEHAVIOR (I.E., ITEM #25 = 2, CIRCLE "A" OR "B")]:</p> <p>A. PATIENT IS AT <u>IMMINENT</u> RISK OF ATTEMPTING SUICIDE WITHIN HOURS OR DAYS</p> <p>B. PATIENT IS AT <u>ELEVATED</u> RISK OF ATTEMPTING SUICIDE AT SOME POINT, BUT PROBABLY NOT IMMEDIATELY.</p> <p>[REQ] NOTIFY THE PRINCIPAL INVESTIGATOR AND/OR PSYCHIATRIC LIAISON MD AND DOCUMENT YOUR ACTIONS BELOW, INCLUDING DATE/TIME OF NOTIFICATION:</p> <p>IF PATIENT IS AT IMMINENT RISK OF ATTEMPTING SUICIDE, FOLLOW YOUR SITE'S IMMINENT SUICIDE RISK PLAN AND DOCUMENT YOUR ACTIONS IN THE PATIENT'S RESEARCH FILE (NOT IN HIS/HER HOSPITAL CHART)</p> <p>IF PATIENT IS AT INCREASED RISK OF ATTEMPTING SUICIDE SOMETIME IN THE FUTURE, FOLLOW YOUR SITE'S NOTIFICATION PLAN FOR ACTIVE SUICIDAL IDEATION AND DOCUMENT YOUR ACTIONS IN THE PATIENT'S RESEARCH FILE (NOT IN HIS/HER HOSPITAL CHART)</p>				

CURRENT DEPRESSION SYMPTOMS

	COGNITIVE AND SOMATIC FEATURES	CODE	HRSD	DSM-IV	DURATION
27	<p>[REQ] DURING THE PAST WEEK, HAVE YOU HAD TROUBLE CONCENTRATING?</p> <p>[OPT] HAVE YOU BEEN LOSING YOUR TRAIN OF THOUGHT, LIKE YOUR MIND IS OFF SOMEWHERE ELSE?</p> <p>[OPT] HAVE YOU BEEN HAVING A HARD TIME (KEEPING YOUR MIND ON, PAYING ATTENTION TO) CONVERSATIONS, TV PROGRAMS, THE BOOKS OR MAGAZINES YOUR READING, ETC.?</p> <p>[OPT] HAS IT SEEMED AT TIMES LIKE YOUR THOUGHTS ARE MIXED UP OR CONFUSED?</p> <p>[REQ] LATELY, HAS IT BEEN VERY HARD FOR YOU TO MAKE DECISIONS OR CHOICES? EVEN SMALL ONES?</p>				
	<p>[REQ] [RATE IMPAIRED CONCENTRATION AND/OR INDECISIVENESS, BASED ON THIS ITEM, PROBES FOR FREQUENCY & DURATION, AND YOUR OBSERVATIONS DURING THE INTERVIEW AND RECORD ON THE DIAGNOSIS GUIDE]: IF PRESENT, ASK: HAVE YOU BEEN HAVING TROUBLE (E.G., CONCENTRATING, MAKING DECISIONS) MOST OF THE TIME LATELY? HOW LONG HAS THAT BEEN HAPPENING?</p> <p>0 --- NO SIGNIFICANT COGNITIVE IMPAIRMENT (DURATON = N)</p> <p>1 --- DIMINISHED ABILITY TO CONCENTRATE OR MAKE DECISIONS SOME DAYS (DURATION = ___ WEEKS)</p> <p>2 --- DIMINISHED ABILITY TO CONCENTRATE OR MAKE DECISIONS MOST DAYS (DURATION = ___ WEEKS)</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS)</p> <p>R --- REFUSED (DURATION = R)</p> <p>U --- UNABLE TO ASSESS (DURATION = U)</p> <p align="center">DURATION IN DAYS IF < 2 WEEKS: _____</p>			<p>DSM-IV MAJOR: 2 MINOR: 2 DYSTH: 2</p>	DURATION
28	<p>[REQ] OVER THE PAST WEEK, HAVE YOU BEEN WORRYING A LOT? ABOUT BIG PROBLEMS, OR ABOUT LITTLE THINGS THAT YOU DON'T ORDINARILY WORRY MUCH ABOUT? [IF YES]: LIKE WHAT, FOR EXAMPLE?</p>				
	<p>[REQ] [RATE SEVERITY OF COGNITIVE ANXIETY THIS WEEK]</p> <p>0 --- PT IS NOT WORRIED OR ANXIOUS</p> <p>1 --- PT IS WORRIED, ANXIOUS, OR APPREHENSIVE, BUT THIS IS APPARENT ONLY IN PT'S ANSWERS TO THIS ITEM</p> <p>2 --- PT IS WORRIED, ANXIOUS OR APPREHENSIVE, AND THIS IS APPARENT NOT ONLY IN ANSWERS TO THIS ITEM BUT IN SOME OF PT'S OTHER STATEMENTS AS WELL.</p> <p>3 --- PT IS WORRIED, ANXIOUS OR APPREHENSIVE, AND THIS IS APPARENT NOT ONLY IN PT.'S VERBAL ANSWERS TO BUT ALSO IN HIS/HER FACIAL EXPRESSIONS, VOICE, ETC.</p> <p>4 --- PT IS SO SEVERELY WORRIED, ANXIOUS OR APPREHENSIVE THAT THIS IS OBVIOUS, BOTH VERBALLY AND NONVERBALLY.</p>		HRSD		

CURRENT DEPRESSION SYMPTOMS

	COGNITIVE AND SOMATIC FEATURES	CODE	HRSD	DSM-IV	DURATION
29	<p>[REQ] IN THE PAST 2 WEEKS, HAVE YOU BEEN FEELING PHYSICALLY TENSE OR NERVOUS? [IF YES]: HOW {TENSE, NERVOUS} HAVE YOU BEEN?</p> <p>[OPT] DO YOU KNOW WHAT'S BEEN MAKING YOU FEEL THIS WAY?</p> <p>[OPT] WHEN YOU'RE FEELING {TENSE, NERVOUS} DO YOU GET ANY OTHER SYMPTOMS LIKE DRY MOUTH, INDIGESTION, HEART PALPITATIONS, HYPERVENTILATION, SWEATING, FREQUENCY OF URINATION, ETC.?</p>				
	<p>[REQ] [BASED ON THIS ITEM AND ON YOUR OWN OBSERVATIONS, RATE SEVERITY OF SOMATIC ANXIETY THIS WEEK:</p> <p>0 --- ABSENT</p> <p>1 --- MINIMAL (ONLY APPARENT IN VERBAL ANSWERS TO THIS ITEM)</p> <p>2 --- MODERATE (PT REPORTS BOTHERSOME SYMPTOMS, MAY LOOK TENSE OR NERVOUS)</p> <p>3 --- SEVERE (PT REPORTS SEVERE SYMPTOMS; LOOKS VERY TENSE OR NERVOUS)</p> <p>4 --- INCAPACITATING (PT IS DEBILITATED BY NERVOUSNESS)</p>		HRSD		
30	<p>[REQ] IN THE WEEK, HOW MUCH HAVE YOUR THOUGHTS BEEN FOCUSED ON YOUR PHYSICAL HEALTH OR HOW YOUR BODY IS WORKING?</p> <p>[OPT] HAVE YOU BEEN WORRYING A LOT ABOUT {BEING, BECOMING} ILL?</p> <p>[OPT] HAVE YOU BEEN COMPLAINING A LOT ABOUT YOUR HEALTH PROBLEMS OR ABOUT HOW YOU FEEL PHYSICALLY?</p> <p>[OPT] HAVE YOU FOUND YOURSELF ASKING FOR HELP WITH THINGS YOU COULD REALLY DO FOR YOURSELF? [IF YES:] LIKE WHAT, FOR EXAMPLE? HOW OFTEN HAS THAT HAPPENED?</p>				
	<p>[REQ] [RATE THE CURRENT SEVERITY OF HYPOCHONDRIACAL CONCERNS & BEHAVIOR. FOR PTS WHO ARE CLEARLY MEDICALLY ILL, A RATING OF 1 OR 2 IS NOT EXCEPTIONAL; A 3 OR 4 WOULD INDICATE HYPOCHONDRIACAL CONCERNS OR BEHAVIORS THAT ARE EXCESSIVE EVEN FOR SOMEONE WHO IS MEDICALLY ILL AND RECORD ON HRSD TALLY SHEET].</p> <p>0 --- PT IS NOT WORRIED ABOUT HEALTH</p> <p>1 --- PT IS SOMEWHAT WORRIED OR CONCERNED ABOUT HEALTH</p> <p>2 --- PT IS PREOCCUPIED WITH WORRIES OR CONCERNS ABOUT HEALTH, ILLNESS, OR MEDICAL CARE</p> <p>3 --- PT IS VERY WORRIED AND PREOCCUPIED WITH HEALTH-RELATED CONCERNS, OR FREQUENTLY COMPLAINS ABOUT HEALTH, OR REQUESTS HELP IN EXCESS OF NEED (GIVEN MEDICAL CONDITION), ETC.</p> <p>4 --- PT HAS HYPOCHONDRIACAL DELUSIONS (E.G., IRRATIONALLY BELIEVES, WITHOUT EVIDENCE, SHE HAS A SERIOUS DISEASE).</p>		HRSD		

CURRENT DEPRESSION SYMPTOMS

	COGNITIVE AND SOMATIC FEATURES	CODE	HRSD	DSM-IV	DURATION
31	<p>[REQ] HOW HAS YOUR INTEREST IN SEX BEEN THIS WEEK?</p> <p>[OPT] I'M NOT ASKING ABOUT YOUR ACTUAL SEXUAL ACTIVITY, BUT ABOUT YOUR INTEREST IN SEX – HOW MUCH YOU THIK ABOUT IT. HAVE YOU HAD LESS INTEREST IN SEX LATELY THAN YOU USUALLY DO?</p> <p>[OPT] [IF PT HAS NO PARTNER, ADD IF APPROPRIATE]: DO YOU THINK YOU'D BE INTERESTED IN SEX IF YOU MET SOMEONE SPECIAL?</p> <p>[OPT] [IF FRIGHTENED ABOUT SEX DUE TO PHYSICAL HEALTH]: IF YOU WERE SURE THAT IT WAS SAFE FOR YOUR TO HAVE SEX AGAIN, HOW MUCH INTEREST DO YOU THINK YOU WOULD HAVE?</p>				
	<p>[REQ] [RATE SEVERITY OF LOSS OF INTEREST IN SEX]</p> <p>0 --- NO REAL LOSS OF INTEREST IN SEX COMPARED TO USUAL LEVEL 1 --- MILD LOSS OF INTEREST IN SEX 2 --- SEVERE LOSS OF INTEREST IN SEX</p>		HRSD		

CURRENT DEPRESSION SYMPTOMS

#	OBSERVATIONS DURING INTERVIEW	CODE	HRSD	DSM-IV	DURATION
32	<p>[REQ] [OBSERVE PT'S PSYCHOMOTOR BEHAVIOR]</p> <p>PSYCHOMOTOR RETARDATION IS PRESENT IF PT TAKES A LONG TIME TO RESPOND TO QUESTIONS, TALKS SLOWLY WITH NUMEROUS PAUSES OR HESITATIONS, MOVES AS IF IN SLOW MOTION (MORE THAN PHYSICAL CONDITION WARRANTS), ETC.</p> <p>PSYCHOMOTOR AGITATION IS PRESENT IF PT IS RESTLESS, OVERACTIVE, EDGY, FIDGETY, UNABLE TO SIT STILL.]</p> <p>[REQ] [IF TELEPHONE INTERVIEW] DO YOU FEEL SLUGGISH? DOES IT SEEM LIKE YOU'RE TALKING & MOVING IN SLOW MOTION? LIKE YOUR THOUGHTS ARE VERY SLOW IN COMING TO YOU?</p> <p>ARE YOU FEELING RESTLESS OR HAVING TROUBLE SITTING STILL? FIDGETING?</p>				
33	<p>[REQ] [RATE CURRENT PSYCHOMOTOR RETARDATION AND RECORD <u>ON HRSD TALLY SHEET</u>]:</p> <p>0 --- NORMAL SPEECH, THOUGHT, SPEED OF BEAVHIOR, ETC. 1 --- SLIGHT RETARDATION AT INTERVIEW 2 --- OBVIOUS RETARDATION AT INTERVIEW 3 --- RETARDATION SO SEVERE THAT PT IS DIFFICULT TO INTERVIEW 4 --- PT IS STUPOROUS, UNRESPONSIVE TO MOST QUESTIONS</p>		HRSD		
34	<p>[REQ] [RATE CURRENT PSYCHOMOTOR AGITATION AND RECORD ON HRSD TALLY SHEET]:</p> <p>0 --- NOT AGITATED 1 --- PT IS EDGE OR MILDLY RESTLESS 2 --- PT IS FIDGETY OR UNCOMFORTABLY RESTLESS 3 --- PT IS OVERACTIVE, UNABLE TO SIT STILL 4 --- PT IS STRIKINGLY AGITATED, EG., RELENTLESSLY PACING, WRINGING HAND, BITING NAILS OR LIPS, PULLING HAIR, ETC.</p>		HRSD		
35	<p>[REQ] [RATE PT'S PSYCHOMOTOR BEHAVIOR AND RECORD ON <u>DIAGNOSIS GUIDE</u>]:</p> <p>[IF AGITATION OR RETARDATION IS PRESENT, TRY(WITHIN THE LIMITS OF FEASIBILITY), TO USE THE BEST AVAILABLE SOURCES OF INFORAMTION (INCLUDING PT, CAREGIVERS, ETC.) TO ASSESS FREEQUNCY & DURATION. IF YOU OBSERVE PSYCHOMOTOR SIGNS BUT ARE UNABLE TO ESTIMATE THE FREQUENY OR DURATION, ENTER A '1' IN THE DSM-IV COLUMN AND A "U" IN THE DURATION COLUMN.]</p> <p>0 --- NO SIGNIFICANT PSYCHOMOTOR SIGNS OBSERVED (DURATION = N)</p> <p>1 --- PSYCHOMOTOR RETARDATION OR AGITATION OBSERVED, BUT IT IS MILD AND/OR HAS BEEN PRESENT ONLY SOME DAYS (DURATION = ____WEEKS)</p> <p>2 --- PSYCHOMOTOR RETARDATION OR AGITATION OBSERVED, AND IT HAS BEEN PRESENT ON MOST OF THE DAYS PRECEDING THE INTERVIEW (DURATION = ____WEEKS)</p> <p>M --- MEDICAL SX ONLY (DURATION = WEEKS) R --- REFUSED (DURATION = R) U --- UNABLE TO ASSESS (DURATION = U)</p> <p style="text-align: center;">DURATION IN DAYS IF < 2 WEEKS: _____</p>			DSM-IV MAJOR: 2 MINOR: 2	DURATION

CURRENT DEPRESSION SYMPTOMS

#	OBSERVATIONS DURING INTERVIEW	CODE	HRSD	DSM-IV	DURATION
36	<p>[REQ] [RATE PT'S LEVEL OF INSIGHT (OR LACK OF INSIGHT) INTO HIS/HER DEPRESSION. NOTE THAT THERE ARE TWO DIFFERENT WAYS TO SCORE A ZERO ON THIS ITEM]: RECORD SCORE ON <u>HRSD TALLY SHEET</u>:</p> <p>0 --- PT IS NOT DEPRESSED (IN INTERVIEWER'S JUEGMENT)</p> <p>0 --- PT IS DEPRESSED (IN INTERVIEWER'S JUEGMENT), AND IS AWARE OF (AND ACKNOWLEDGES) BEING DEPRESSED</p> <p>1 --- PT IS DEPRESSED (IN INTERVIEWER'S JUEGMENT), AND ALTHOUGH THE PT. ADMITS TO HAVING SOME DEPRESSIVE SYMPTOMS, S/HE <u>DENIES</u> BEING DEPRESSED OR BLAMES THE SYMPTOMS ON <u>UNLIKELY CAUSES</u></p> <p>2 --- PT IS DEPRESSED (IN INTERVIEWER'S JUEGMENT), AND IS SO SEVERELY DEPRESSED THAT S/HE BELIEVES HIS/HER CURRENT STATE IS SOMETHING OTHER THAN (AND PERHAPS MUCH WORSE THAN) DEPRESSION (E.G., PT BELIVES S/HE IS DOOMED, CURSED, OR NEAR DEATH).</p>		HRSD		
37	<p>[DSM-IV DISTRESS OR FUNCTIONAL IMPAIRMENT CRITERION]</p> <p>[REQ] [IF YOU BELIEVE THAT THE PT IS CURRENTLY DEPRESSED, DOES THE DEPRESSION APPEAR TO BE CAUSING THE PATIENT ANY EMOTIONAL DISTRESS OR IS IT HAVING ANY ADVERSE EFFECTS ON THE PATIENT'S DAY-TO-DAY SOCIAL OR OCCUPATIONAL FUNCTIONING, ABILITY TO CARE FOR SELF, ABILITY TO COPE WITH PROBLEMS, ETC.?.}</p> <p>0 --- NO</p> <p>1 --- YES (DESCRIBE)</p> <p>N --- NOT APPLICABLE (PT IS NOT DEPRESSED)</p> <p>U --- UNABLE TO ASSESS</p>	CODE			
38	<p>[REQ] [NOTE WHETHER DURING THE INTERVIEW, YOU OBSERVED SIGNS OF ANY MAJOR NEUROPSYCHIATRIC PROBLEMS</p> <p>EXAMPLES OF EXCLUSIONARY NEUROPSYCHIATRIC PROBLEMS::</p> <p>PARANOIA, DELUSIONS, HALLUCINATIONS, HYPOMANIA OR MANIA, BIZARRRE BEHAVIOR, LANGUAGE DEFICITS, DEMENTIA, CONFUSION</p>				

SCREENING & BASELINE ASSESSMENT

	ITEM		CODE										
39	[REQ]	<p>HAVE YOU EVER BEEN DEPRESSED BEFORE {OTHER THAN THIS TIME}?</p> <p>0 --- NO 1 --- YES R - REFUSED U - UNABLE TO ASSESS</p>	CODE										
40	[REQ]	<p>[IF YES TO ITEM #39: PROBE TO ESTIMATE PROBABLE NUMBER OF PRIOR MAJOR DEPRESSIVE EPISODES. FOR EACH REPORTED PERIOD OF DEPRESSION, BRIEFLY ASSESS WHETHER IT LASTED AT LEAST 2 WEEKS, AND WHETHER IT WAS PROBABLY A MAJOR DEPRESSIVE EPISODE. COUNT IT AS A PROBABLE MAJOR DEPRESSIVE EPISODE IF PT RECALLS NOT ONLY FEELING DEPRESSED BUT ALSO THAT 1) DEPRESSION WAS BAD ENOUGH TO AFFECT FUNCTIONING IN SOME WAY (EG., MAKING IT HARDER TO HANDLE WORK OR INTERPERSONAL RELATIONSHIPS), AND/OR 2) THAT SOME OTHER DEPRESSIVE SYMPTOMS WERE PROBABLY PRESENT AT THE SAME TIME AS WELL, SUCH AS:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">ANHEDONIA</td> <td style="width: 33%;">SLEEP DISTURBANCE,</td> <td style="width: 33%;">FEELING WORTHLESS OR GUILDY POOR</td> </tr> <tr> <td>APPETITE CHANGE</td> <td>AGITATION OR RETARDATION,</td> <td>CONCENTRATION OR INDECISION</td> </tr> <tr> <td>WEIGHT CHANGE</td> <td>FATIGUE OR LOSS OF ENERGY</td> <td>SUICIDAL IDEATION</td> </tr> </table> <p>[REQ] RECORD THE PROBABLE NUMBER OF PRIOR MAJOR DEPRESSIVE EPISODES</p> <p>0 --- NONE # --- NUMBER OF PROBABLE MAJOR DEPRESSIVE EPISODES R--- REFUSED U---UNABLE TO ASSESS</p>	ANHEDONIA	SLEEP DISTURBANCE,	FEELING WORTHLESS OR GUILDY POOR	APPETITE CHANGE	AGITATION OR RETARDATION,	CONCENTRATION OR INDECISION	WEIGHT CHANGE	FATIGUE OR LOSS OF ENERGY	SUICIDAL IDEATION	CODE	
ANHEDONIA	SLEEP DISTURBANCE,	FEELING WORTHLESS OR GUILDY POOR											
APPETITE CHANGE	AGITATION OR RETARDATION,	CONCENTRATION OR INDECISION											
WEIGHT CHANGE	FATIGUE OR LOSS OF ENERGY	SUICIDAL IDEATION											
41	[REQ]	<p>[IF ANY PRIOR EPISODES]: HOW OLD WERE YOU {THE FIRST TIME}?</p> <p># --- AGE AT ONSET OF FIRST (PRIOR) EPISODE OF MAJOR DEPRESSION N --- NOT APPLICABLE (NO PRIOR EPISODES) R --- REFUSED U --- UNABLE TO ASSESS</p>	CODE										
42	[REQ]	<p>IF MORE THAN ONE PRIOR EPISODE: HOW OLD WERE YOU THE LAST TIME {BEFORE THIS}?</p> <p># --- AGE AT ONSET OF LAST (PRIOR) EPISODE OF MAJOR DEPRESSION N --- NOT APPLICABLE (<2 PRIOR EPISODE) R --- REFUSED U --- UNABLE TO ASSESS</p>	CODE										
43	[REQ]	<p>[IF ANY PRIOR EPISODES]: WERE YOU EVER TREATED FOR DEPRESSION DURING ANY OF THESE TIMES?</p> <p>IF YES, DETERMINE WHICH TREATMENT MODALITIES THE PT EVER RECEIVED FOR PAST DEPRESSIVE EPISODES. WRITE "1" IN THE CORRESPONDING BOXES TO THE RIGHT (OR CODE ZERO, N, R, OR U).</p> <hr style="border-top: 1px dashed black;"/> <p>A. PSYCHOTHERAPY OR COUNSELING</p> <hr/> <p>B. ANTIDEPRESSANT MEDICATION</p> <hr/> <p>C. ECT (ELECTROCONVULSIVE OR SHOCK THERAPY)</p> <hr/> <p>D. PSYCHIATRIC HOSPITALIZATION</p>	CODE	YES									
44	REQ	<p>ARE YOU CURRENTLY BEING TREATED FOR DEPRESSION {OR TAKING AN ANTIDEPRESSANT}? IF YES, DETERMINE WHICH MODALITIES THE PT EVER RECEIVED. CHECK THE YES BOX IF YES ONLY. LEAVE BLANK IF "NO". USE ABOVE CODES (N,R,U) IF APPLICABLE-</p> <hr style="border-top: 1px dashed black;"/> <p>A. PSYCHOTHERAPY OR COUNSELING</p> <hr/> <p>B. 1. ANTIDEPRESSANT MEDICATION ((Write Drug name here): _____)</p> <hr/> <p>2. NUMBER OF WEEKS ON ANTIDEPRESSANT</p> <hr/> <p>3. DATE ANTIDEPRESSANT STARED (IF < 2 WEEKS AGO):</p>	CODE	YES									

SCREENING & BASELINE ASSESSMENT

	ITEM	CODE	
45	<p>[REQ] [IF PT HAS HAD 2 OR MORE PRIOR DEPRESSIVE EPISODES]: HAVE YOU EVER BEEN TOLD BY A PSYCHIATRIST THAT YOU HAVE <u>MANIC DEPRESSION</u>?</p> <p>0 --- NO 1 --- YES N - NOT APPLICABLE R - REFUSED U - UNABLE TO ASSESS</p>	CODE	
	<p>[REQ] HAS ANYONE IN YOUR IMMEDIATE FAMILY EVER BEEN DEPRESSED FOR TWO WEEKS OR LONGER? [IF YES, PROBE FOR THE NUMBER OF AFFECTED 1ST DEGREE BIOLOGICAL RELATIVES (PARENTS, SIBLINGS, CHILDREN) IN THE CODE COLUMN, RECORD THE NUMBER OF THOSE WITH UNIPOLAR DEPRESSION, AND IN THE SPACE BELOW, WRITE A NOTE ABOUT ANY RELATIVE WHO REPORTEDLY HAS/HAD MANIC DEPRESSION (BIPOLAR DISORDER).</p> <p>0 --- NONE # --- NUMBER OF AFFECTED 1ST DEGREE RELATIVES WITH UNIPOLAR DEPRESSION R --- REFUSED U --- UNABLE TO ASSESS</p>		
46	<p>[REQ] HAVE YOU EVER BEEN TREATED FOR ANY OTHER PSYCHIATRIC DISORDER OR EMOTIONAL PROBLEM?</p>		
	<p>[REQ] HAVE YOU HAD ANY PROBLEMS WITH DRUGS OR ALCOHOL? [IF YES]: WHAT PROBLEMS? WHEN? ARE YOU STILL HAVING THESE PROBLEMS? ARE YOU BEING TEATED FOR THEM?</p>		
47	<p>[REQ] [RATE PSYCHIATRIC HISTORY OTHER THAN UNIPOLAR DEPRESSION. IF THE PATIENT HAS MORE THAN ONE PSYCHIATRIC PROBLEM, CHOOSE THE HIGHEST APPLICABLE RATING]</p> <p>0 --- NO OTHER PSYCH PROBLEMS REPORTED</p> <p>1 --- PT REPORTS OTHER PSYCHIATRIC PROBLEMS THAT ARE CLEARLY NOT GROUND FOR EXCLUSION FROM THE TRIAL (e.g., ANXIETY, ORDINARY ADJUSTMENT PROBLEMS, POST-TRAUMATIC STRESS DISORDER, ETC.)</p> <p>2 --- PT REPORTS OTHER PSYCH PROBLEMS THAT MIGHT REQUIRE EXCLUSION (e.g. PAST HISTORY OF DRUG ADDICTION, PREVIOUS TREATMENT FOR PSYCHOSIS, etc.)</p> <p>3 --- PT REPORTS OTHER PSYCH PROBLEMS THAT DEFINITELY WILL REQUIRE EXCLUSION FROM THE TRIAL (e.g., ACTIVE ALCOHOLISM OR DRUG ADDICTION, SCHIZOPHRENIA, BIPOLAR (MANIC) DEPRESSION, etc.)</p> <p>R --- REFUSED U --- UNABLE TO ASSESS</p>		

DSM-IV DIAGNOSIS GUIDE

	CURRENT SX		MAJOR DEPRESSION	MINOR DEPRESSION	DYSTHYMIA
	[OPTIONAL] COPY DSM-IV CODES AND DURATIONS FROM THE CURRENT DEPRESSION SYMPTOM ITEMS TO THE BOXES BELOW, AS NEEDED TO DETERMINE WHETHER THE PT. CURRENTLY MEETS THE CRITERIA FOR A DEPRESSIVE DISORDER		<p>AT LEAST 5 OF THE SYMPTOMS LISTED BELOW HAVE SIMULTANEOUSLY BEEN PRESENT DURING THE <u>SAME 2 – WEEK PERIOD</u> AT THE FREQUENCY OR SEVERITY RATING LISTED IN THIS COLUMN</p> <p>THE SYMPTOMS MUST REPRESENT A CHANGE FROM PREVIOUS FUNCTIONING</p> <p>AT LEAST ONE OF THE SYMPTOMS MUST BE EITHER DEPRESSED MOOD OR ANHEDONIA</p> <p>THE SYMPTOMS MUST CAUSE SIGNIFICANT DISTRESS OR IMPAIRMENT IN SOCIAL, OCCUPATIONAL, OR OTHER IMPORTANT AREAS OF FUNCTIONING</p> <p>MAJOR DEPRESSION COUNTS FOR ELIGIBILITY AFTER AS LITTLE AS <u>ONE</u> WEEK IF THE PATIENT HAS A PAST HISTORY OF MAJOR DEPRESSION</p>	<p>AT LEAST 2 BUT LESS THAN 5 OF THE SYMPTOMS LISTED BELOW HAVE SIMULTANEOUSLY BEEN PRESENT DURING THE <u>SAME 2-WEEK PERIOD</u> AT THE FREQUENCY OR SEVERITY RATING LISTED IN THIS COLUMN</p> <p>THE SYMPTOMS MUST REPRESENT A CHANGE FROM PREVIOUS FUNCTIONING</p> <p>AT LEAST ONE OF THE SYMPTOMS MUST BE EITHER DEPRESSED MOOD OR ANHEDONIA</p> <p>THE SYMPTOMS MUST CAUSE SIGNIFICANT DISTRESS OR IMPAIRMENT IN SOCIAL, OCCUPATIONAL, OR OTHER IMPORTANT AREAS OF FUNCTIONING</p> <p>MINOR DEPRESSION COUNTS FOR ELIGIBILITY ONLY IF THE PATIENT HAS A PAST HISTORY OF MAJOR DEPRESSION</p>	<p>DEPRESSED MOOD MUST HAVE BEEN PRESENT MOST OF THE DAY, MORE DAYS THAN NOT, FOR <u>AT LEAST 2 YEARS.</u></p> <p>AT LEAST 2 OF THE OTHER SYMPTOMS MUST HAVE BEEN SIMULTANEOUSLY PRESENT DURING THE <u>SAME 2-YEAR PERIOD</u> AT THE FREQUENCY OR SEVERITY RATING LISTED IN THIS COLUMN</p> <p>DURING THIS PERIOD LASTING AT LEAST TWO YEARS, THE PATIENT HAS NEVER BEEN WITHOUT THE SYMPTOMS FOR MORE THAN 2 MONTHS AT A TIME.</p> <p>THERE WERE NO MAJOR DEPRESSIVE EPISODES DURING THE TWO YEARS.</p> <p>THE SYMPTOMS MUST CAUSE SIGNIFICANT DISTRESS OR IMPAIRMENT IN SOCIAL, OCCUPATIONAL, OR OTHER IMPORTANT AREAS OF FUNCTIONING</p>
---	FREQ/ SEVER. CODE	DURATION D = DAYS W = WEEKS	<u>MINIMUM REQUIRED FREQUENCY/SEVERITY CODE</u>	<u>MINIMUM REQUIRED FREQUENCY/SEVERITY CODE</u>	<u>MINIMUM REQUIRED FREQUENCY/SEVERITY CODE</u>
4. ANHEDONIA			2	2	---
6. DYSPHORIC MOOD			2	2	2
12. CHANGE IN APPETITE OR WEIGHT			2	2	2
17. SLEEP DISTURBANCE			2	2	2
19. FATIGUE OR LOSS OF ENERGY			2	2	2
21. POOR SELF-ESTEEM			---	---	2
22. GUILT OR WORTHLESSNESS			2	2	---
23. HOPELESSNESS			---	---	2
25. SUICIDAL IDEATION			2	2	---
27. POOR CONCENTRATION OR INDECISIVENESS			2	2	2
35. PSYCHOMOTOR RETARDATION OR AGITATION			2	2	---
40. PAST HX OF MAJOR DEPRESSION	YES	NO			

FINAL CLASSIFICATION AT THIS INTERVIEW:

NOT DEPRESSED: _____ MINOR DEPRESSION/DYSTHYMIA: _____ MAJOR DEPRESSION _____

HDRS TALLY SHEET

#	ITEM (DURING LAST 2 WEEKS)	SCORE
2	WORK & ACTIVITIES	
5	DEPRESSED MOOD	
10	APPETITE – GI SOMATIC SYMPTOMS	
11	WEIGHT LOSS	
14	EARLY INSOMNIA	
15	MIDDLE INSOMNIA	
16	LATE INSOMNIA (EARLY AWAKENING)	
18	FATIGUE OR LOW ENERGY	
20	FEELINGS OF GUILT	
24	SUICIDAL FEATURES	
28	COGNITIVE ANXIETY	
29	SOMATIC ANXIETY	
30	HYPOCHONDRIASIS	
31	LIBIDO	
33	PSYCHOMOTOR RETARDATION	
34	PSYCHOMOTOR AGITATION	
36	INSIGHT	
	TOTAL HRSD SCORE	

VA Form 10-21085d (NR)

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.

- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.

- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.

- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.

- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.

- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.

- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

21 22 23 24 25 26 27 28 29 30 A B C D E

NOTICE: This form is printed with both blue and black ink. If your copy does not appear this way, it has been photocopied in violation of copyright laws.

_____ Subtotal Page 2

_____ Subtotal Page 1

_____ Total Score

VA Form 10-21085e (NR)

MOS Social Support Survey

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Circle one number on each line.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Emotional/informational support					
Someone you can count on to listen to you when you need to talk	1	2	3	4	5
Someone to give you information to help you understand a situation	1	2	3	4	5
Someone to give you good advice about a crisis	1	2	3	4	5
Someone to confide in or talk to about yourself or your problems	1	2	3	4	5
Someone whose advice you really want	1	2	3	4	5
Someone to share your most private worries and fears with	1	2	3	4	5
Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5
Someone who understands your problems	1	2	3	4	5
Tangible support					
Someone to help you if you were confined to bed	1	2	3	4	5
Someone to take you to the doctor if you needed it	1	2	3	4	5
Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5
Someone to help with daily chores if you were sick	1	2	3	4	5
Affectionate support					
Someone who shows you love and affection	1	2	3	4	5
Someone to love and make you feel wanted	1	2	3	4	5
Someone who hugs you	1	2	3	4	5

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Positive social interaction					
Someone to have a good time with	1	2	3	4	5
Someone to get together with for relaxation	1	2	3	4	5
Someone to do something enjoyable with	1	2	3	4	5
Additional item					
Someone to do things with to help you get your mind off things	1	2	3	4	5