Depression Outcome Scale*

Patient name _____ Date _____

Instructions

This questionnaire includes questions about symptoms of depression. For each item please indicate how well it describes you during the **past week, including today**. Circle the number in the columns next to the item that best describes you.

Rating guidelines†

0 = Not at all
1 = Rarely true (1–2 days)
2 = Sometimes true (3–4 days)
3 = Often true (5–6 days)
4 = Almost always true (every day)

†Please note: This is not a diagnostic tool. Only a healthcare professional can diagnose depression. Always follow the healthcare advice of your doctor. Do not change the way you take your medication without talking to your doctor.

During the PAST WEEK, INCLUDING TODAY...

1.	I felt sad or depressed	**0**	**1**	**2**	**3**	**4**
2.	I was not as interested in my usual activities	**0**	**1**	**2**	**3**	**4**
3.	My appetite was poor and I didn't feel like eating	**0**	**1**	**2**	**3**	**4**
4.	My appetite was much greater than usual	**0**	**1**	**2**	**3**	**4**
5.	I had difficulty sleeping	**0**	**1**	**2**	**3**	**4**
6.	I was sleeping too much	**0**	**1**	**2**	**3**	**4**
7.	I felt very fidgety, making it difficult to sit still	**0**	**1**	**2**	**3**	**4**
8.	I felt physically slowed down, like my body was stuck in mud	**0**	**1**	**2**	**3**	**4**
9.	My energy level was low	**0**	**1**	**2**	**3**	**4**
10.	I felt guilty	**0**	**1**	**2**	**3**	**4**
11.	I thought I was a failure	**0**	**1**	**2**	**3**	**4**
12.	I had problems concentrating	**0**	**1**	**2**	**3**	**4**
13.	I had more difficulties making decisions than usual	**0**	**1**	**2**	**3**	**4**
14.	I wished I was dead	**0**	**1**	**2**	**3**	**4**
15.	I thought about killing myself	**0**	**1**	**2**	**3**	**4**
16.	I thought that the future looked hopeless	**0**	**1**	**2**	**3**	**4**

Overall, how much have symptoms of depression interfered with or caused difficulties in your life during the past week? (Circle one)

a) Not at all b) A little bit c) A moderate amount
d) Quite a bit e) Extremely

*Adapted from the Clinically Useful Depression Outcome Scale (CUDOS), developed by Mark Zimmerman, MD, Director of Outpatient Psychiatry at Rhode Island Hospital. *Compr Psychiatry*. 2008;49(2):131-140.

The Clinically Useful Depression Outcome Scale (CUDOS) is a practice support service provided by Otsuka America Pharmaceutical, Inc.

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PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✓" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐