The Inventory for Depressive Symptomatology (IDS): Preliminary Findings

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Received July 29, 1985; revised version received October 1, 1985; accepted November 19, 1985.

Abstract. The Inventory for Depressive Symptomatology (IDS) is a new measure of depressive signs and symptoms. Both self-report and clinician-rated versions are under development. The IDS-SR (self-report) was completed by 289 patients, 285 of whom were outpatients. Unipolar major depression (n = 174), bipolar disorder (n = 44), euthymic (S/P unipolar or bipolar) depression (n = 33), and other psychiatric disorders (n = 38) were included. The IDS-SR had good internal reliability (coefficient α = 0.85), and significantly correlated with both the Hamilton Rating Scale for Depression (HRSD) (r = 0.67) and the Beck Depression Inventory (BDI) (r = 0.78). The clinician-rated IDS (IDS-C) was administered to 82 outpatients (75 with unipolar or bipolar disorder, 5 with other psychiatric disorders, and 2 euthymic (S/P unipolar) depressions). Coefficient α (0.88) suggested strong internal consistency. The IDS-C correlated highly with both the HRSD (r = 0.92) and the BDI (r = 0.61). Discriminant and factor analyses provided evidence for construct validity for both the IDS-C and IDS-SR. Both scales significantly differentiated endogenous from nonendogenous depression defined by Research Diagnostic Criteria (RDC). Factor structures for the IDS-SR revealed four factors: mood, cognition, anxiety, selected endogenous symptoms, and hypophagia-hypersomnia. The IDS appears applicable to both inpatients and outpatients with endogenous, atypical, and nonendogenous major depression, and may have utility with dysthyrmics.

Key Words. Symptoms, depression, ratings, affective disorder.

Several self-reports and clinician ratings measure depressive symptoms. Clinician ratings include the 17-, 21-, and 24-item versions of the Hamilton Rating Scale for Depression (HRSD) (Hamilton, 1960, 1967), the Montgomery-Åsberg Scale (Montgomery and Åsberg, 1979), a global rating scale (Raskin Depression Scale) (Raskin et al., 1967), and others, e.g., the von Zerssen Scale (von Zerssen and Cording, 1978). Commonly used self-reports include the Minnesota Multiphasic Personality Inventory (MMPI)-D scale (Hathaway and McKinley, 1943), the 13- and 21-item versions of the Beck Depression Inventory (BDI) (Beck et al., 1961), the Zung Depression Scale (Zung, 1965), the Symptom Checklist (SCL)-90 R Scale (Derogatis

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0165-1781 86 $03.50 © 1986 Elsevier Science Publishers B.V.


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**Appendix I. Inventory for Depressive Symptomatology, Self-Report (IDS-SR)**

**NAME:** ___________________________ **TODAY'S DATE** ___________________________

Please circle the one response to each item that best describes you for the past 7 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 1 hour or so before I need to, but I go back to sleep eventually.
   3 I awaken at least 1 hour before I need to, and can't go back to sleep.
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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 extremely 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 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 time of day than to environmental events.
   3 My mood is clearly and predictably better or worse at a particular time each day.

Is your mood typically worse in the morning, afternoon, or at night?

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. This sadness is different from the type of sadness associated with grief
      or loss.
Please complete either 11 or 12 (not both)

11. 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.

12. 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 13 or 14 (not both)

13. Within the last 2 weeks:
   0 I have not had a change in my weight.
   1 I feel as if I've had a slight weight loss.
   2 I have lost 2 pounds or more.
   3 I have lost 5 pounds or more.

14. Within the last 2 weeks:
   0 I have not had a change in my weight.
   1 I feel as if I've had a slight weight gain.
   2 I have gained 2 pounds or more.
   3 I have gained 5 pounds or more.

15. 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.

16. 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.

17. View of my future:
   0 I have an optimistic view of my future.
   1 I am occasionally pessimistic about my future, but for the most part I believe things will get better.
   2 I'm pretty certain that my immediate future (1-2 months) does not hold much promise of good things for me.
   3 I see no hope of anything good happening to me anytime in the future.

18. 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 actually tried to take my life.
19. 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.

20. 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, going to work).
3. I really cannot carry out most of my usual daily activities because I just don't have the energy.

21. Capacity for pleasure or enjoyment, excluding sex:
0. I enjoy pleasurable activities just as much as usual.
1. I do not feel my usual sense of enjoyment from pleasurable activities.
2. I rarely get a feeling of pleasure from any activity.
3. I am unable to get any pleasure or enjoyment from anything.

22. Interest in sex (please rate interest not activity):
0. I'm just as interested in sex as usual.
1. My interest in sex is somewhat less than usual or I do not get the same pleasure from sex as I used to.
2. I have little desire for or rarely derive pleasure from sex.
3. I have absolutely no interest in or derive no pleasure from sex.

23. Feeling slowed down:
0. I think, speak, and move at my usual rate of speed.
1. I find 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 slow.
3. I am often unable to respond to questions without extreme effort.

24. Feeling restless:
0. I do not feel restless.
1. I'm often fidgety, wring 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.

25. Aches and pains:
0. I don't have any feeling of heaviness in my arms or legs and don't have any aches or pains.
1. Sometimes I get headaches or pains in my stomach, back, or joints, but these pains are only sometimes present and they don't stop me from doing what I need to do.
2. I have these sorts of pains most of the time.
3. These pains are so bad they force me to stop what I am doing.

26. Other bodily symptoms:
0. I don't have any of these symptoms: heart pounding fast, blurred vision, sweating, hot and cold flashes, chest pain, heart turning over in my chest, ringing in my ears, or shaking.
1. I have some of these symptoms, but they are mild and are present only sometimes.
2. I have several of these symptoms, and they bother me quite a bit.
3. I have several of these symptoms, and when they occur, I have to stop doing whatever I am doing.
27. Panic/phobic symptoms:
   0 I have no spells of panic or specific fears (phobia) (such as animals or heights).
   1 I have mild panic episodes or fears that do not usually change my behavior or stop me
      from functioning.
   2 I have significant panic episodes or fears that force me to change my behavior but do
      not stop me from functioning.
   3 I have panic episodes at least once a week or severe fears that stop me from carrying on
      my daily activities.

28. Constipation/diarrhea:
   0 There is no change in my usual bowel habits.
   1 I have intermittent constipation or diarrhea which is mild.
   2 I have diarrhea or constipation most of the time but it does not interfere with my
      day-to-day functioning.
   3 I have constipation or diarrhea for which I take medicine or which interferes with my
      day-to-day activities.

Please review this test and write in this space __________________ the numbers of the
three items that were most difficult to understand. Which three items (questions) were the
easiest to understand? __________________

Thank you

Revised 5/2/85.

Appendix II. Inventory for Depressive Symptomatology, Clinician Rated (IDS-C)

NAME: ________________________ TODAY'S DATE _______________________

Please circle the one response to each item that best describes the patient for the past 7 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 necessary.
   2 Awakens at least 1 hour before necessary, more than half the time.
   3 Awakens at least 2 hours before necessary, 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 of the time.

6. Mood (irritable):
   0 Does not feel irritable.
   1 Feels irritable less than half the time.
   2 Feels irritable more than half the time.
   3 Feels extremely irritable virtually all of the time.

7. Mood (anxious):
   0 Does not feel anxious or tense.
   1 Feels anxious/tense less than half the time.
   2 Feels anxious/tense more than half the time.
   3 Feels extremely anxious/tense nearly all of the time.

8. Reactivity of mood:
   0 Mood brightens to a normal level which lasts for several hours when good events occur.
   1 Mood brightens, but does not feel like normal self when good events occur.
   2 Mood brightens somewhat only with a few selected, extremely desired events.
   3 Mood does not brighten at all, even when very good or desired events occur.

9. Mood variation:
   0 Notes no regular relationship between mood and time of day.
   1 Mood often relates to time of day due to environmental circumstances.
   2 For most of week, mood appears more related to time of day than to events.
   3 Mood is clearly, predictably better or worse at a fixed time each day.
   Is mood typically worse in morning, afternoon, or night? (circle one)
   Is mood variation attributed to environment by patient? (no, slightly, yes)

10. Quality of mood:
    0 Mood is virtually identical to feelings associated with bereavement or is undisturbed.
    1 Mood is largely like sadness in bereavement, although it may lack explanation, be associated with more anxiety, or be much more intense.
    2 Less than half the time, mood is qualitatively distinct from grief and therefore difficult to explain to others.
    3 Mood is qualitatively distinct from grief nearly all of the time.

Complete either 11 or 12 (not both)

11. Appetite (decreased):
    0 No change from usual appetite.
    1 Eats somewhat less often or lesser amounts of food 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.

12. 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 of food than usual.
    3 Feels driven to overeat both at mealtimes and between meals.
Complete either 13 or 14 (not both)

13. Weight (decrease) within the last 2 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.

14. Weight (increase) within the last 2 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.

15. 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.

16. Outlook (self):
   0  Sees self as equally worthwhile and deserving as other people.
   1  Is more self-blaming than usual.
   2  Largely believes that he/she causes problems for others.
   3  Ruminates over major and minor defects in self.

17. Outlook (future):
   0  Views future with usual optimism.
   1  Occasionally has pessimistic outlook that can be dispelled by others or events.
   2  Largely pessimistic for the near future.
   3  Sees no hope for self/situation anytime in the future.

18. Suicidal ideation:
   0  Does not think of suicide or death.
   1  Feels life is empty or is not worth living.
   2  Thinks of suicide/death several times a week for several minutes.
   3  Thinks of suicide/death several times a day in depth, or has made specific plans, or attempted suicide.

19. Involvement:
   0  No change from usual level of interest in other people and activities.
   1  Notices a reduction in former interests/activities.
   2  Finds only one or two of former interests remain.
   3  Has virtually no interest in formerly pursued activities.

20. Energy/fatiguability:
   0  No change in usual level of energy.
   1  Tires more easily than usual.
   2  Makes significant effort to initiate or maintain usual daily activities.
   3  Unable to carry out most of usual daily activities due to lack of energy.

21. Pleasure/enjoyment (exclude sexual activities):
   0  Participates in and derives usual sense of enjoyment from pleasurable activities.
   1  Does not feel usual enjoyment from pleasurable activities.
   2  Rarely derives pleasure from any activities.
   3  Is unable to register any sense of pleasure/enjoyment from anything.
22. Sexual interest:
   0 Has usual interest in or derives usual pleasure from sex.
   1 Has near usual interest in or derives some pleasure from sex.
   2 Has little desire for or rarely derives pleasure from sex.
   3 Has absolutely no interest in or derives no pleasure from sex.

23. Psychomotor slowing:
   0 Normal speed of thinking, gesturing, and speaking.
   1 Patient notes slowed thinking, and voice modulation is reduced.
   2 Takes several seconds to respond to most questions, reports slowed thinking.
   3 Is largely unresponsive to most questions without strong encouragement.

24. Psychomotor agitation:
   0 No increased speed or disorganization in thinking or gesturing.
   1 Fidgety, wrings hands, shifts positions often.
   2 Describes impulse to move about and displays motor restlessness.
   3 Unable to stay seated. Paces about with or without permission.

25. Somatic complaints:
   0 States there is no feeling of limb heaviness or pains.
   1 Complains of headaches, abdominal, back, or joint pains that are intermittent and not disabling.
   2 Complains that the above pains are present most of the time.
   3 Functional impairment results from the above pains.

26. Sympathetic arousal:
   0 Reports no palpitations, tremors, blurred vision, tinnitus or increased sweating, dyspnea, hot and cold flashes, chest pain.
   1 The above are mild and are only intermittently present.
   2 The above are moderate and present more than half the time.
   3 The above result in functional impairment.

27. Panic phobic symptoms:
   0 Has neither panic episodes nor phobic symptoms.
   1 Has mild panic episodes or phobias that do not usually alter behavior or incapacitate.
   2 Significant panic episodes or phobias that modify behavior but do not incapacitate.
   3 Has incapacitating panic episodes at least once a week or severe phobias that lead to complete and regular avoidance behavior.

28. Gastrointestinal:
   0 Has no change in usual bowel habits.
   1 Has intermittent constipation or diarrhea which is mild.
   2 Has diarrhea or constipation most of the time that does not impair function.
   3 Has intermittent presence of constipation and/or diarrhea that requires treatment or causes functional impairment.

Range: 0-90

Score: 

Revised 5/2/85.