

# Major Depressive Disorder Screening Questionnaire and Scoring Tool

This questionnaire is designed to help determine whether a patient may be experiencing significant symptoms consistent with Major Depressive Disorder. The format is adapted from diagnostic criteria and uses a uniform multiple-choice approach. Please note that a formal diagnosis requires a full diagnostic interview and clinical judgment.

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## Instructions for Administration

**1. For each depressive symptom question (Questions 1–9):**

Ask the patient to choose the response that best reflects the frequency or severity of each symptom over the past 2 weeks using the following scale:

- ☐ **0 = Never**
- ☐ **1 = Rarely**
- ☐ **2 = Sometimes**
- ☐ **3 = Often**

**2. For the Contextual Questions (Questions 10–11):**

Ask the patient to respond “Yes” (score 1) or “No” (score 0) regarding the duration and impact of the symptoms.

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## A. Symptom Questions (Criteria A)

### Depressive Symptom Items

1. **Depressed Mood:**

"Over the past 2 weeks, how often have you felt sad, empty, or hopeless?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

2. **Loss of Interest or Pleasure (Anhedonia):**

"How often have you experienced a marked loss of interest or pleasure in most or all activities?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

3. **Appetite/Weight Change:**

"How often have you noticed a significant change in your appetite or weight (not related to dieting)?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

4. **Sleep Disturbance:**

"How often have you had trouble sleeping (insomnia) or slept excessively (hypersomnia) nearly every day?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

**5. Psychomotor Changes:**

"How often have others observed that you are either unusually restless or noticeably slowed down?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

**6. Fatigue or Loss of Energy:**

"How often have you felt unusually fatigued or lacking in energy nearly every day?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

**7. Feelings of Worthlessness or Excessive Guilt:**

"How often have you experienced feelings of worthlessness or excessive guilt (beyond normal self-reproach)?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

**8. Difficulty Concentrating or Indecisiveness:**

"How often have you had trouble concentrating, thinking clearly, or making decisions?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

**9. Recurrent Thoughts of Death/Suicidal Ideation:**

"How often have you experienced recurrent thoughts of death or suicidal ideation (not just a fear of dying)?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

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## **B. Contextual and Impact Questions**

**10. Symptom Duration:**

"Have these symptoms been present nearly every day for at least the past 2 weeks?"

- 0. No
- 1. Yes

**11. Impact on Functioning:**

"Have these symptoms significantly interfered with your daily life (social, occupational, or other important areas)?"

- 0. No
- 1. Yes

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# Scoring Methodology

## 1. Scoring the Symptom Items (Questions 1–9)

- **Rating Scale:**

Each symptom is scored as follows:

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often

- **Symptom Threshold:**

- For a positive screen for a major depressive episode, at least **5 symptoms** must be rated as either “Sometimes” (2) or “Often” (3) over the past 2 weeks.
- **Essential Symptoms:** One of the selected symptoms must be either **Question 1 (Depressed Mood)** or **Question 2 (Loss of Interest or Pleasure)** to satisfy the diagnostic criteria.

## 2. Evaluating the Contextual Questions (Questions 10–11)

- **Symptom Duration (Question 10):**

- A score of 1 confirms that the symptom frequency has been persistent over the required 2-week period.

- **Functional Impact (Question 11):**

- A score of 1 confirms that the symptoms are causing clinically significant distress or impairment in daily functioning.

## 3. Overall Interpretation

- **Positive Screening for Major Depressive Disorder:**
  - The patient should meet the following conditions:
    - **Symptom Count:** At least 5 of the 9 symptom items are rated as “Sometimes” or “Often” (score  $\geq 2$ ), with at least one being either depressed mood (Q1) or loss of interest (Q2).
    - **Duration:** The patient endorses that these symptoms have been present nearly every day for at least 2 weeks (Question 10 = Yes).
    - **Impairment:** The patient reports that these symptoms interfere with functioning (Question 11 = Yes).
- **Interpretive Example:**

For instance, if a patient selects “Often” or “Sometimes” (scores of 2 or 3) for five or more of Questions 1–9—including at least one of Questions 1 or 2—and answers “Yes” to both Questions 10 and 11, the screening indicates a positive result for Major Depressive Disorder. Such a finding warrants further diagnostic evaluation and possible treatment planning.

## 1. Rate Each Symptom (Items 1–9)

- **Scale:**
  - 0 = Never
  - 1 = Rarely
  - 2 = Sometimes
  - 3 = Often

“Clinically significant” = any response  $\geq 2$  (Sometimes / Often)

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## 2. Symptom Count & Essential Criteria

1. **Count** how many items (1–9) are scored  $\geq 2$ .
  2. **Essential Symptom:** At least one of Q1 (Depressed Mood) or Q2 (Anhedonia) **must** be  $\geq 2$ .
  3. **Threshold:**
    - **Positive screen** if  $\geq 5$  of the 9 symptoms are  $\geq 2$  **and** the essential criterion is met.
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### 3. Contextual Confirmation (Items 10–11)

- Each “Yes” = 1 point; “No” = 0 points.
    1. **Duration  $\geq 2$  weeks?** (Item 10)
    2. **Interferes with daily life?** (Item 11)
  - **Requirement:** Both must be “Yes” (total = 2) to confirm persistence and impairment.
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### 4. Overall Interpretation

- **Positive Screen for Major Depressive Disorder** if **all** the following are true:
    1. **Symptom Count:**  $\geq 5$  items with scores  $\geq 2$
    2. **Essential Symptom:** Q1 or Q2 scored  $\geq 2$
    3. **Duration:** Item 10 = Yes
    4. **Impairment:** Item 11 = Yes
  - **If any condition is not met**, the screen is negative or subthreshold—consider monitoring or alternative evaluation.
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## 5. Quick-Reference Flow

1. **Score Q1–Q9** (0–3 each).
2. **Tally** responses  $\geq 2$ .
3. **Ensure** at least one of Q1/Q2  $\geq 2$ .
4. **Check** Items 10 & 11: both must be “Yes.”
5. **Interpret:**
  - **All criteria met** → **Positive screen** → Recommend full assessment
  - **Any criterion missing** → **Negative/subthreshold** → Monitor or reassess

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This streamlined guide makes scoring immediate and transparent—clinicians can quickly see whether a patient meets the basic screening criteria for Major Depressive Disorder and whether further evaluation is warranted.