

A new generation rating scale for depression: reliability and validity of the Italian version of Symptoms of Depression Questionnaire (SDQ), an RDoC-oriented depression comprehensive assessment

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Summary

Objectives

The DSM-5 criteria for Depression has implicitly assumed either an endophenotype approach and other prognostically relevant features such as anxiety, irritability and anger. The new use of “specifiers” is consistent with the Research Domain Criteria (RDoC) framework, but new assessment tools able to capture such multidimensionality are needed. In this study we explored reliability of the Symptoms of Depression Questionnaire (SDQ), a rating scale developed by the Massachusetts General Hospital's research group for evaluating depression which contains five subscales correlated to specific circuits, according to the RDoC framework.

Methods

This is a cross-sectional study performed between November 2016 and April 2017. After a translation and cross-cultural adaptation procedure, 207 healthy subjects and 36 patients completed the Italian version of SDQ to explore psychometric properties. Other instruments such as Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI) and the Suicide Behaviors Questionnaire-Revised (SBQ-R) were also administered for demonstrating convergent and discriminant validity.

Results

Results showed that SDQ scores were significantly higher for patients with MDD when compared to healthy controls. Therefore Italian adaptation of SDQ presented a satisfactory capacity in discriminating between healthy subjects and patients. The Italian version of SDQ presented a satisfactory internal consistency (Cronbach $\alpha = 0.93$) and test-retest reliability (Pearson $r = .82$). Correlations with BDI, BAI and SBQ-R supported concurrent validity. Cut-off scores of Italian version of SDQ has been calculated using the procedure of the original study.

Conclusions

The present study confirms the reliability and validity of the Italian version of the SDQ, which showed a good construct validity, a good internal consistency, and a good degree of reproducibility. The use of instruments as SDQ developed on growing scientific evidence is crucial to move forward to a more precision medicine approach, on the road to personalized treatment.

Key words

Assessment • Depression • Research Domain Criteria • RDoC • Precision medicine

Introduction

According to recent data, 6.9% of European subjects had depression, and it has been estimated that 30.3 millions of individuals aged 14-65 in EU suffered from major depression in 2010, with females affected 2.3 times more frequently than males¹. This makes Major depressive disorder (MDD) one of the most common psychiatric condition, and the first leading cause of

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disability adjusted life years lost (DALY), that is a measure of overall burden of disease in Europe, calculated by the number of years lost due to illness, disability or early death¹.

Accumulated evidence from the past two decades indicated the necessity of a new conceptualization of MDD, which has been acknowledged in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), published in 2013². Although DSM-5 failed in the goal of classifying endophenotypes^{3,4}, it implicitly assumed some important changes in respect to previous editions, but since their descriptions are beyond the aim of this paper, they will be not mentioned except in what pertains to it.

Regarding MDD, as no changes have been reported in the core symptoms for the diagnosis neither for its duration (i.e. at least 2 weeks) in respect to DSM-IV, DSM-5 has given more attention to the severity level and subtypes definition, promoting the use of cross-cutting symptom assessments in order to capture the “gradient of disorder”⁴. Even though DSM-5 diagnosis is still linked to a “yes” or “no” decision⁴, its promotion of the application of “specifiers” appears to be in line with what fostered by the NIH’s Research Domain Criteria (RDoC) project for leading psychiatry to a precision medicine approach^{5,6}. The innovation of RDoC project is the creation of a framework considering five domains of functioning (i.e. negative valence systems, positive valence systems, cognitive systems, systems for social processes and arousal/regulatory systems) based on specific neural circuits that are thought to be dysfunctional in mental disorders. For this new vision of mental illness, new tools to identify such dysfunctions in neural circuits are necessary, that are able to give to clinician all information he needs to provide a more personalized treatment. In this context, it has been developed the Symptoms of Depression Questionnaire (SDQ), an instrument designed to be not only a measure of the depression severity level but a tool for capturing the constellation of depression-related symptoms that have demonstrated to adversely affect cognitive/social functioning and treatment response⁷. Hence, SDQ includes five subscales representing different clusters of symptoms, and appears to be the first measure which investigates MDD considering all five RDoC domains.

In this paper, we provide the preliminary data regarding the reliability and validity of Italian version of SDQ, with indications for clinical practice and future research.

Methods

Study design

This was a cross-sectional study, performed between November 2016 and April 2017, aiming to explore the reliability of the Italian version of SDQ. A total of 207 subjects without evidence of symptoms of psychiatric

or neurological disorders participated to our study on a voluntary basis, completing the Italian version of SDQ to determine psychometrical properties. Among the 207 participants, 30 completed the questionnaire again with an interval of 2 weeks in order to measure test-retest reliability. The Italian version of SDQ was completed also by a clinical sample composed by 36 subjects with a diagnosis of Major Depressive Disorder (MDD) according to DSM-5. Patients were recruited based on non-probability consecutive sampling from outpatient clinic of Florence, INS, Institute of Neuroscience. The protocol of this study was approved by the local ethics committee, and after the complete description of the study to the subjects, written informed consent was obtained.

Translation and cross-cultural adaption procedure

After presenting the aim of our study to the authors of the original version of the instrument, they approved our project and gave us permission for translation.

The original version of the SDQ was translated and cross-culturally adapted to Italian: it has been independently translated by two of the authors (I.B. and L.S.), afterwards a consensus translation was controlled through a back-translation by an English mother-tongue translator. The comprehension of each item of the Italian version was assessed in a pilot sample of 10 patients with MDD. A final Italian version was re-edited and confirmed by all authors.

Instruments and procedure

The SDQ is a 44-item, Likert-type, self-report scale developed for measuring symptoms severity across several subtypes of depression⁷. According to this aim, the SDQ includes not only a large number of items describing depressive symptoms, but also several ones investigating co-existing features that characterize patients with depression^{8,9}. Therefore, SDQ encloses five subscales, investigating the following dimensions:

1. lassitude, mood, cognitive/social functioning (SDQ-1);
2. anxiety, agitation, anger and irritability (SDQ-2);
3. desire to be dead (SDQ-3);
4. disruptions in sleep quality (SDQ-4);
5. changes in appetite and weight (SDQ-5).

As in the original study, subjects were asked to rate SDQ items according to their own perception in respect to how they felt, using a 6-point scale where score 1 meant better than normal, score 2 meant normal and score from 3 to 6 meant worse than normal. The psychometric properties of the original SDQ have been found to be satisfactory⁷.

In addition to SDQ, other measures were administered to demonstrate convergent and discriminant validity and they are: the Beck Depression Inventory (BDI)¹⁰ as a measure of the depression level, the Beck Anxiety Inventory (BAI)¹¹ as a measure of anxiety symptoms, and

The Suicide Behaviors Questionnaire-Revised (SBQ-R) ¹² as a measure of suicidal ideation.

In our study, the Italian version of the BDI showed adequate internal consistency reliability (Cronbach alpha = .76), and this was also the case for the BAI (Cronbach alpha = .76) and for the SBQ-R (Cronbach alpha = .81).

Statistical analysis

Descriptive statistics was applied to assess the missing data, distribution of scores, and socio-demographic characteristics of normative sample as well the clinical group. Construct validity was assessed by exploratory factor analysis (EFA): the Bartlett test of sphericity was used to assess whether the correlation matrix of sample was a single identity and whether satisfactory factor analysis of the data could proceed. The Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy was calculated in order to determine the adequacy of sample size for proceeding factor analysis. For determining the construct of SDQ the principal components analysis (PCA) as a factor extraction method was used, with a Varimax rotation. Decision about the number of prominent factors was taken based on the eigenvalue > 1 and the scree plot method.

Internal consistency reliability of scales was analysed by Cronbach α coefficient, which is considered statistically significant if ranging between 0.70 and 0.95. The test retest reliability was evaluated by the Pearson Correlation coefficient, which needs to be over .70 to indicate the stability of the measure over time. Statistical analyses were performed using the SPSS 21.0 statistical software. P values < .05 were considered to be statistically significant.

Results

Sociodemographic characteristics of participants

Detailed sociodemographic characteristics of normative and clinical samples are shown in Table I and II respectively. Normative sample (n=207) was composed by 85 males (41,1%) and 122 females (58,9%) with a mean age of 31 years old \pm 8,65, whereas clinical sample (n=36) was composed by 14 males (38,9%) and 22 females (61.1%) with a mean age of 34,64 \pm 10.92. Groups were different in respect to age and education ($p < .05$); however, neither age nor education had a statistically significant effect on SDQ score: $F(1, 1) = 3.730$, $p = .055$ for age, and $F(1, 1) = 3.346$, $p = .069$ for education in normative sample, whilst $F(1, 1) = 1.743$, $p = .196$ for age, and $F(1, 1) = 3.998$, $p = .054$ for education in clinical sample.

Psychometric properties of the Italian version of SDQ

Both healthy subjects and patients responded to all items of SDQ questionnaire without any difficulties (re-

TABLE I. Sociodemographic characteristics of Italian normative sample.

Variables	Frequency	Percent (%)
Sex		
Male	85	41,1
Female	122	58,9
Marital Status		
Single	62	30,0
Married	37	17,9
In a relationship	105	50,7
Divorced	2	1,0
Separated	1	,5
Regional distribution		
Tuscany	132	63,8
Piemonte	2	1,0
Liguria	6	2,9
Lombardia	2	1,0
Trentino-Alto Adige	11	5,3
Veneto	5	2,4
Friuli-Venezia Giulia	1	,5
Emilia Romagna	9	4,3
Umbria	1	,5
Marche	2	1,0
Lazio	10	4,8
Abruzzo	1	,5
Molise	1	,5
Campania	4	1,9
Puglia	6	2,9
Calabria	5	2,4
Sicilia	9	4,3
Education Level		
Less than high school	1	,5
High school	87	42,0
Bachelor's degree	26	12,6
Higher than bachelor's	93	44,9
Employment Status		
Student	97	46,9
Paid employee	64	30,9
Self-employed	26	12,6
Not working – looking for a work	16	7,7
Not-working – other	4	1,9

TABLE II. Sociodemographic characteristics of Italian clinical sample.

Variables	Frequency	Percent (%)
Sex		
Male	14	38.9
Female	22	61.1
Marital status		
Single	18	50.0
Married	7	19.4
In a relationship	9	25.0
Divorced	1	2.8
Separated	1	2.8
Regional distribution		
Tuscany	27	75
Piemonte	1	2.8
Lombardia	1	2.8
Emilia Romagna	1	2.8
Marche	1	2.8
Lazio	1	2.8
Abruzzo	1	2.8
Campania	2	5.6
Calabria	1	2.8
Education level		
Less than high school	3	8.3
High school	20	55.6
Bachelor's degree	5	13.9
Higher than bachelor's	8	22.2
Employment status		
Student	12	33.3
Paid employee	15	41.7
Self-employed	9	25.0

sponse rate 100%). Translation of the questionnaire proceeded successfully and the backward translation was corresponded to the original version.

Item analysis

Table III shows differences in SDQ mean total scores and subscales between normative and clinical samples. Means and standard deviations are reported also for BDI, BAI and SBQ. All differences between normative and clinical groups resulted significant ($p < .001$). The results showed that SDQ scores were significantly higher for patients with MDD when compared to healthy controls. Therefore Italian adaptation of SDQ presented a satisfactory capacity in discriminating between healthy subjects and patients.

TABLE III. Means and standard deviations for subscales, total SDQ and for SBQ-R, BAI and BDI in normative versus clinical sample.

	Normative sample		Clinical sample
	Mean	SD	Mean
BAI-Total	7.70	7.499	26.25
BDI-Total	5.79	6.103	27.17
SBQ-Total	3.98	1.219	7.78
SDQ-Total	102.04	17.641	157.78
SDQ-1	40.705	8.4758	64.389
SDQ-2	33.174	7.0820	49.972
SDQ-3	12.652	2.6631	22.417
SDQ-4	6.932	2.1464	9.500
SDQ-5	8.749	1.4861	10.500

All differences were significant for $p < .001$

Construct validity

Exploratory factor analysis was performed to investigate the factor structure of the SDQ. The result of Bartlett test of sphericity was significant ($\chi^2 = 7746.197$, $df = 946$, $p < .001$), whereas the result of the KMO measure was 0.931, which indicated that the sample size was sufficient to factor analysis.

Principle component analysis gave 8 latent factors with eigenvalue greater than 1.00. The extraction of 5 factors was performed using a Varimax rotation (results are shown in Table IV). The eigenvalue of the first factor was 10,179 (23,13% of total variance), the eigenvalue of the second factor was 6,037 (13.72% of total variance), the eigenvalue of the third one was 4,919 (11,17% of total variance), whereas the eigenvalues of fourth and fifth factors were 2.83 and 2.26 respectively (explaining the 6.43 and 5.14 of total variance). The scree plot curve confirmed that 5 factors could be extracted (Figure 1). Table V shows the factor loadings for the Italian SDQ items. It shows that the first factor was marked by SDQ item 10 ("How has your outlook on life been over the past month?") and item 3 ("How has your affect – or how you display your mood to the external world – been over the past month?"). Items 20 and 7 also presented high loadings on this factor, which are not different to the original SDQ (.67 and .69 for the Italian SDQ versus .65 and .60 for the original SDQ). The second factor was marked by SDQ item 2 ("How responsive has your mood been over the past month?") and 26 ("How anxious/worried have you felt over the past month?"), which captures anxiety, agitation, irritability and anger. The third factor presented some differences in loading with respect to the original study: in fact it appears to be marked by item 24 ("How irritable have you been over

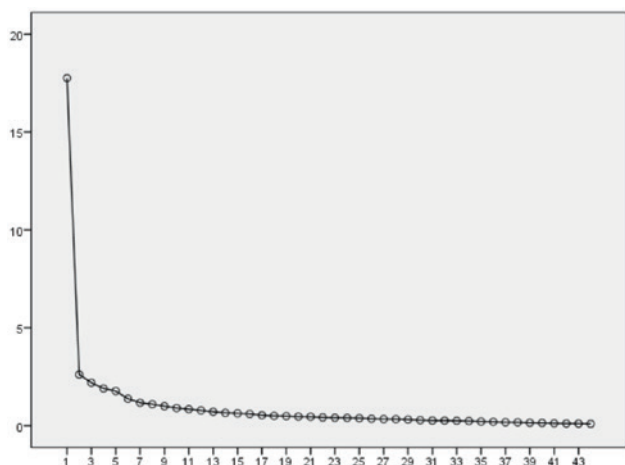


FIGURE 1. Scree Plot Curve.

the past month?”), and by the item 17 (“How sleepy during the day have you been over the past month?”). Fourth factor was marked by items 14 (“How has your ability to stay asleep in the middle of the night been over the past month?”), 15 (“How has your ability to stay asleep around the time before waking up been over the past month?”) and 13 (“How has your ability to fall asleep been over the past month?”) according to the original study, whilst the fifth factor appears to be marked by 31 (“Have you gained weight over the past month?”) assessing changes in appetite and weight as in the original version. In Table IX are reported the items of the SDQ subscales

Reliability

The internal consistency of the Italian version of the SDQ in this sample was very good. The Cronbach α coefficient for the 44-item symptom scale was 0.93. The elimination of each item did not lead to a substantial increase in the scale's internal consistency (data not showed). In the 2-week retest reliability, Pearson correlations was .822 ($p < .001$, *two-tailed*). Therefore, Italian version of SDQ presented excellent short-term stability.

Concurrent validity

Concurrent validity of all factors (and subscales) is supported by the high correlation with the BDI, BAI and SBQ-R, as showed by the Table VI and VII. As in the original study, Factors 4 and 5, focusing on specific characteristics of depression, presented a lower - although significant - correlation with the BDI total score. As shown in Table V, all subscales are significantly inter-correlated, but they retain their specificity which is also demonstrated by their higher correlation with the SDQ total scores ($p < .001$).

TABLE IV. Matrix of rotated components.

Matrix of rotated components with loading on all factors*	Factors			
	1	2	3	4
SDQ-10	.776	.246	.084	.164
SDQ-3	.739	.409	.129	.061
SDQ-39	.699	.343	.288	.120
SDQ-44	.698	.452	.255	.053
SDQ-35	.698	.128	.419	.125
SDQ-7	.688	.318	.129	.059
SDQ-2	.682	.407	.176	.017
SDQ-38	.670	.077	.507	.065
SDQ-20	.668	.307	.403	.150
SDQ-5	.667	.324	-.021	.132
SDQ-42	.665	.359	.292	.103
SDQ-36	.647	.067	.419	.000
SDQ-1	.645	.541	.205	.136
SDQ-9	.643	.513	.163	.162
SDQ-11	.642	.042	-.027	.372
SDQ-41	.634	.318	.194	.148
SDQ-22	.585	.214	.549	.021
SDQ-37	.558	.016	.547	.086
SDQ-12	.555	.142	-.035	.389
SDQ-21	.526	.246	.500	.009
SDQ-16	.507	.078	.317	.209
SDQ-4	.316	.710	.071	.097
SDQ-6	.318	.682	.086	.001
SDQ-26	.238	.657	.441	.186
SDQ-32	.217	.636	.189	.178
SDQ-23	.218	.633	.495	.186
SDQ-43	.416	.590	.268	.033
SDQ-27	.364	.583	.149	.270
SDQ-8	.246	.524	.300	.050
SDQ-40	.390	.438	.070	.076
SDQ-24	-.033	.351	.629	.244
SDQ-17	.217	.096	.615	.153
SDQ-19	.310	.181	.532	-.063
SDQ-18	.079	.076	.524	-.297
SDQ-33	.236	.255	.448	.106
SDQ-25	.087	.364	.433	.173
SDQ-34	.184	.221	.422	.304
SDQ-14	.172	.135	.041	.852
SDQ-15	.198	.191	.032	.765
SDQ-13	.171	.126	.271	.673
SDQ-31	.101	.309	.059	-.063
SDQ-28	.225	.328	.117	.148
SDQ-30	.106	-.058	.274	.066
SDQ-29	.016	.127	.189	.061

* loadings $> .30$ are significant

TABLE V. Correlations between SDQ subscales and SDQ total scores in the normative sample.

	SDQ-1	SDQ-2	SDQ-3	SDQ-4	SDQ-5	SDQ-Total
SDQ-1	1	.651	.686	.267	.437	.876
SDQ-2	.651	1	.641	.371	.459	.881
SDQ-3	.686	.641	1	.333	.309	.781
SDQ-4	.267	.371	.333	1	.113	.449
SDQ-5	.437	.459	.309	.113	1	.508
SDQ-Total	.876	.881	.781	.449	.508	1

* Pearson's correlation, $p > .001$ **TABLE VI.** SDQ Full Scale and Subscales concurrent validity correlation in normative sample (ITA).

Scales	BDI	SBQ-R	BAI
SDQ-Total	.76*	.096	.63*
SDQ-1	.64*	.091	.45*
SDQ-2	.69*	.086	.68*
SDQ-3	.72*	.13*	.45*
SDQ-4	.33*	-.002	.28*
SDQ-5	.36*	.14*	.34*

* $p < .05$ **TABLE VII.** SDQ Full Scale and Subscales concurrent validity correlation in clinical sample (ITA).

Scales	BDI	SBQ-R	BAI
SDQ-Total	.64*	.51*	.45*
SDQ-1	.61*	.44*	.28*
SDQ-2	.41*	.17	.69*
SDQ-3	.68*	.62*	.27
SDQ-4	.32*	.32*	-.023
SDQ-5	.27*	.27	-.106

* $p < .05$

Although the SDQ was not intended to be used as a diagnostic tool⁷, the SDQ cut-off scores were calculated by using the BDI score depression benchmarks. Using the same procedure illustrated in the original study, we calculated the cut-off scores of Italian version of SDQ for defining mild, moderate and severe depression. Results are showed in the Table VIII.

Discussion

In this study we made a cross-cultural adaption and explored the psychometrics properties of the Italian version of SDQ, which assesses depression in light of RDoC framework. The translation and cultural adaption of the SDQ to Italian was performed without noticeable difficulties, all the participants understood items included in the questionnaire and scored all of them without missing responses, indicating its acceptability and feasibility.

SDQ encloses five subscales, with the 1, 3, 4 and 5 assessing those psychological and physiological symptoms typically evaluated by the most used instruments for measuring depression severity, whereas the subscale 2 measures symptoms of anxiety, agitation, irritability and anger, that have been described as the most innovative feature of SDQ⁷.

TABLE VIII. Cut-off scores for SDQ in the original study and for the Italian adaptation.

	SDQ (USA)	SDQ (ITA)
Mild depression	79-104	107-129
Moderate depression	105-132	130-159
Extreme depression	≥133	≥160

Of interest, Irritability and Anger are dimensions that have been considered as “bipolar spectrum features”, and their inclusion in this new instrument deserves consideration.

However, in our opinion, the newness of such questionnaire is the presence of some items formulated in a positive way (e.g. items 2,5,7, 9) capturing some qualitative aspects usually not evaluated in a clinical context, and that provide new significance to the quantitative measure. In addition, they are even more important in a follow up evaluation, providing information on the clinical response from a qualitative point.

The level of investigation allowed by the SDQ is of great importance, since it is formed by the description of symptoms based on underlying biology and not on a simple inter-rater reliability. This is consistent with the

TABLE IX. *Items of SDQ subscales.*

SDQ-1	SDQ-2	SDQ-3	SDQ-4
2	4	1	13
3	6	9	14
5	8	10	15
7	21	11	
16	23	12	
17	24	44	
18	25		
19	26		
20	27		
22	32		
35	33		
36	34		
37	43		
38			
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40			
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42			

RDoC primary aim of leading to a “precision psychiatry”, and that is achievable by the development of tools allowing a more accurate diagnosis and able to capture aspects predicting response to treatment.

In this context, the development of an instrument such as the Symptoms of Depression Questionnaire (SDQ) represents an extremely valuable resource for clinicians to guide the treatment and promote its effectiveness.

The publication of DSM-5 has been accompanied to some criticism, principally due to fact it did not bring to that radical shift in diagnostic classification for which revision of such manual was felt as necessary. However, in spite of such failure, DSM-5 represented an important step in moving away from a rigid and categorical conceptualization of mental disorders, by approaching to the dimensional assessment and integration of basic science and neurobiology promoted by the National Institute of Mental Health’s Research Domain Criteria (RDoC) project. This is particularly evident in the development of the cross-cutting symptom measures, that shed light on a number of symptoms cutting across diagnostic boundaries¹³ and that demonstrated to be an indicator of illness severity and prognosis¹⁴.

In the case of MDD, the importance of such co-existing features are expressed by the new use of specifiers: among them, the one “with anxious distress” was found

associated with poorer psychosocial functioning and quality of life¹⁵, and a poorer response to treatment with antidepressants¹⁶. Evidence showing some neurobiological differences between patients with MDD and anxiety and those with MDD only have also be reported¹⁷, and such neurobiological diversity has been suggested as a possible explanation of the challenges of response to pharmacological treatment¹⁶.

Also irritability showed to have an important impact on the depression severity level, being associated with greater severity of depressive symptoms, anxiety, disability and a higher risk of suicidality^{18-19,9}, whereas anger or suicidal ideation, if present in a patient with MDD, showed to be important factors leading to greater severity of depressive episode²⁰, different treatment response²¹, and greater impairment in functioning²².

In spite of all collected evidence showing the “multidimensionality” of MDD, the tools that are most frequently used by clinicians worldwide, such as the Hamilton Rating Scale for Depression (HRSD)²³ and the Beck Depression Inventory (BDI)¹⁰, have the disadvantage to obscure such constellation of co-existing features by providing a single overall score, obtained by adding up a number of different symptoms with the same value for such depression sum-score²⁴.

Limitation

The data should be interpreted in the light of some limitations. As in the original study, the factor analysis has been conducted among young and healthy subjects, and with a limited age range. Since this has been designed as an exploratory study, we are addressing this flaw by recruiting more people to extend the age range considered. This will allow us to confirm our preliminary EFA results and to perform a confirmatory analysis. Moreover, we are also considering to administer such questionnaire to larger and different clinical populations in order to examine generalizability of results.

However, despite these limitations, our preliminary results indicate that Italian version of SDQ presents a satisfactory face and concurrent validity as well a good reliability.

Conclusions

The present study confirms the reliability and validity of the Italian version of the SDQ, which showed a good construct validity, a good internal consistency, and a good degree of reproducibility. SDQ allows to measure the depression level of severity by examining answers given to items related to specific dimensions, that are correlated to disruption in specific circuits, according to the RDoC framework. Our preliminary data suggest that SDQ can

be a reliable tool to assess the variety of symptoms belonging to the anxiety-depression spectrum. In view of the significance and implications of anxiety in patients affected by depression, with the associated increased suicidal risk and poor treatment response, the use of instruments as SDQ developed on growing scientific evidence is crucial to move forward to a more precision medicine approach, to ensure a correct and rapid clinical-diagnostic classification and timely as well adequate treatment.

Conflicts of interest

There are no conflicts of interest.

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QUESTIONARIO SUI SINTOMI DELLA DEPRESSIONE (SDQ)

La preghiamo di rispondere a tutte le domande cerchiando la risposta corretta o la risposta che le sembra maggiormente appropriata.

Istruzioni: La preghiamo di leggere ogni affermazione e di cerchiare il numero posto sopra l'affermazione che ritiene sia più adatta al suo caso (senso: a descriverla). Alcune domande utilizzano le parole "minimamente", "moderatamente", "notevolmente" ed "estremamente". Minimamente significa che questa affermazione le capita solo raramente o che, quando succede, si presenta in forma lieve. Moderatamente significa che questa affermazione la infastidisce qualche volta, ma non interferisce con la sua vita in nessun modo. Notevolmente significa che questa affermazione la infastidisce abbastanza e le causa alcuni problemi nella sua vita. In altre parole, esso interferisce con la sua capacità di fare determinate cose che sono importanti per lei quali ad esempio lavorare, prendersi cura della sua famiglia, o godere del tempo passato con gli amici. Estremamente significa che questo problema la infastidisce molto e che interferisce con la sua capacità di fare molte cose.

1) Com'è stato il suo umore nel corso dell'ultimo mese?

1	2	3	4	5
Migliore rispetto al solito	Normale	Minimamente triste	Moderatamente triste	Notevolmente triste

2) Quanto è stato reattivo il suo umore nell'ultimo mese?

1	2	3	4	5
Più del solito	Normale	Minimamente piatto	Moderatamente piatto	Notevolmente piatto

3) Com'è stato il suo stato d'animo (o com'è apparso al mondo esterno) nel corso dell'ultimo mese?

1	2	3	4	5
Migliore rispetto al solito	Normale	Minimamente triste	Moderatamente triste	Notevolmente triste

4) Quanto è stato propenso a piangere nell'ultimo mese?

1	2	3	4	5
Meno del solito	Normale	Minimamente	Moderatamente	Notevolmente

5) Quanto è stato sensibile alle cose/eventi positivi nel corso dell'ultimo mese?

1	2	3	4	5
Più del solito	Normale	Minimamente meno sensibile	Moderatamente meno sensibile	Notevolmente meno sensibile

6) Quanto è stato sensibile alle cose/eventi negativi nel corso dell'ultimo mese?

1	2	3	4	5
Meno del solito	Normale	Minimamente più sensibile	Moderatamente più sensibile	Notevolmente più sensibile

7) Come sono stati la sua motivazione/il suo interesse/il suo entusiasmo nell'ultimo mese?

1	2	3	4	5
Migliori rispetto al solito	Normale	Minimamente ridotti	Moderatamente ridotti	Notevolmente ridotti

8) Quanto è stato sensibile (suscettibile) ai rifiuti/alle critiche nel corso dell'ultimo mese?

1	2	3	4	5
Meno del solito	Normale	Minimamente più sensibile	Moderatamente più sensibile	Notevolmente più sensibile

9) Quanto è stato/a ottimista durante l'ultimo mese?

1	2	3	4	5
Più ottimista del solito	Normale	Minimamente pessimista	Moderatamente pessimista	Notevolmente pessimista

10) Come è stato il suo atteggiamento nei confronti della vita nell'ultimo mese?

1	2	3	4	5
Più positivo del solito	Normale; felice di essere vivo	Minimamente desideroso di essere morto	Moderatamente desideroso di essere morto	Notevolmente desideroso di essere morto

segue

11) Come è stato il suo atteggiamento nei confronti del suicidio nel corso dell'ultimo mese?				
1	2	3	4	5
Più contrario rispetto al solito	Generalmente non ci penso	Minimamente desideroso di uccidermi	Moderatamente desideroso di uccidermi	Notevolmente desideroso di uccidermi
12) Qual è stato il suo atteggiamento rispetto al farsi del male nel corso dell'ultimo mese?				
1	2	3	4	5
Più contrario del solito	Generalmente non ci penso	Minimamente desideroso di farmi male	Moderatamente desideroso di farmi male	Notevolmente desideroso di farmi male
13) Come è stata la sua capacità di prendere sonno nell'ultimo mese?				
1	2	3	4	5
Più facile del solito	Normale	Minimamente ridotta	Moderatamente ridotta	Notevolmente ridotta
14) Com'è stata la sua capacità di restare addormentato nel corso della notte durante l'ultimo mese?				
1	2	3	4	5
Più facile del solito	Normale	Minimamente ridotta	Moderatamente ridotta	Notevolmente ridotta
15) Com'è stata la sua capacità di restare addormentato fino al momento in cui doveva alzarsi nell'ultimo mese?				
1	2	3	4	5
Più facile del solito	Normale	Minimamente ridotta	Moderatamente ridotta	Notevolmente ridotta
16) Come è stato il livello di vigilanza/allerta durante l'ultimo mese?				
1	2	3	4	5
Maggiore del solito	Normale	Minimamente ridotto	Moderatamente ridotto	Notevolmente ridotto
17) Quanto si è sentito assonnato durante il giorno nel corso dell'ultimo mese?				
1	2	3	4	5
Meno del solito	Per niente	Minimamente assonnato	Moderatamente assonnato	Notevolmente assonnato
18) Quanto le è capitato di dormire troppo durante la notte nell'ultimo mese?				
1	2	3	4	5
Meno del solito	Per niente	Minimamente di più	Moderatamente di più	Marcatamente di più
19) Quanto le è capitato di dormire troppo durante il giorno nell'ultimo mese?				
1	2	3	4	5
Meno del solito	Per niente	Minimamente di più	Moderatamente di più	Notevolmente di più
20) Com'è stata la sua energia nel corso dell'ultimo mese?				
1	2	3	4	5
Migliore del solito	Normale	Minimamente diminuita	Moderatamente diminuita	Notevolmente diminuita
21) Quanta pesantezza ha sentito (nelle braccia o nelle gambe) nel corso dell'ultimo mese?				
1	2	3	4	5
Meno del solito	Nessuna	Minimamente pesanti	Moderatamente pesanti	Notevolmente pesanti
22) Quanto si è sentito rallentato nel corso dell'ultimo mese?				
1	2	3	4	5
Meno del solito	Per niente	Minimamente rallentato	Moderatamente rallentato	Notevolmente rallentato
23) Quanto si è sentito agitato nel corso dell'ultimo mese?				
1	2	3	4	5
Meno del solito	Per niente	Minimamente agitato	Moderatamente agitato	Notevolmente agitato
24) Quanto è stato irritabile nell'ultimo mese?				
1	2	3	4	5
Meno del solito	Per niente	Minimamente irritabile	Moderatamente irritabile	Notevolmente irritabile

segue

25) Ha avuto attacchi d'ira (oppure si è sentito particolarmente arrabbiato, come se stesse per esplodere di rabbia) nell'ultimo mese?					
1 Mai	2 Quasi mai	3 Raramente	4 Qualche volta	5 Frequentemente	
26) Quanto si è sentito ansioso/preoccupato nell'ultimo mese?					
1 Meno del solito	2 Per niente	3 Minimamente ansioso	4 Moderatamente ansioso	5 Notevolmente ansioso	
27) Ha avuto attacchi di panico nell'ultimo mese?					
1 Mi sono sentito più calmo del solito	2 Per niente	3 Raramente	4 Qualche volta	5 Frequentemente	
28) Come è stato il suo appetito nel corso dell'ultimo mese?					
1 Migliore del solito	2 Normale	3 Minimamente diminuito	4 Moderatamente diminuito	5 Notevolmente diminuito	
29) Ha perso peso nell'ultimo mese?					
1 Ho preso un po' di peso	2 Per niente	3 Minimamente	4 Un poco	5 Moderatamente	
30) Il suo appetito è stato eccessivo nell'ultimo mese?					
1 No, è diminuito	2 Per niente	3 Raramente	4 Qualche volta	5 Di frequente	
31) Ha preso peso durante l'ultimo mese?					
1 Ho perso un po' di peso	2 Per niente	3 Minimamente	4 Un poco	5 Moderatamente	
32) Ha avuto tachicardia/palpitazioni nell'ultimo mese?					
1 Il mio cuore batte più lentamente del solito	2 Per niente	3 Raramente	4 Qualche volta	5 Frequentemente	
33) Ha avuto dolori o malesseri nell'ultimo mese?					
1 Meno del solito	2 Per niente	3 Raramente	4 Qualche volta	5 Frequentemente	
34) Ha avuto sintomi gastrointestinali (stomaco o intestino) nell'ultimo mese?					
1 Meno sintomi del solito	2 Per niente	3 Raramente	4 Qualche volta	5 Frequentemente	
35) Com'è stata la sua capacità di prestare/mantenere l'attenzione nel corso dell'ultimo mese?					
1 Migliore del solito	2 Normale	3 Minimamente ridotta	4 Moderatamente ridotta	5 Notevolmente ridotta	
36) Com'è stata la sua capacità di ricordare/riportare alla mente le informazioni nell'ultimo mese?					
1 Migliore del solito	2 Normale	3 Minimamente ridotta	4 Moderatamente ridotta	5 Notevolmente ridotta	6 Totalmente assente
37) Com'è stata la sua capacità di trovare le parole (per esprimersi) nell'ultimo mese?					
1 Migliore del solito	2 Normale	3 Minimamente ridotta	4 Moderatamente ridotta	5 Notevolmente ridotta	6 Totalmente assente
38) Com'è stata la sua acuità/lucidità mentale nell'ultimo mese?					
1 Migliore del solito	2 Normale	3 Minimamente ridotta	4 Moderatamente ridotta	5 Notevolmente ridotta	6 Totalmente assente

segue

39) Come è stata la sua capacità di prendere decisioni nell'ultimo mese?

1	2	3	4	5	6
Migliore del solito	Normale	Minimamente ridotta	Moderatamente ridotta	Notevolmente ridotta	Totalmente assente

40) Com'è stato il suo funzionamento sessuale nell'ultimo mese?

1	2	3	4	5	6
Migliore del solito	Normale	Minimamente ridotto	Moderatamente ridotto	Notevolmente ridotto	Totalmente assente

41) Com'è stato il suo funzionamento sociale nell'ultimo mese?

1	2	3	4	5	6
Migliore del solito	Normale	Minimamente ridotto	Moderatamente ridotto	Notevolmente ridotto	Totalmente assente

42) Com'è stata la sua capacità di studiare/lavorare/svolgere le attività domestiche nell'ultimo mese?

1	2	3	4	5	6
Migliore del solito	Normale	Minimamente ridotta	Moderatamente ridotta	Notevolmente ridotta	Totalmente assente

43) Quanto si è sentito in colpa nell'ultimo mese?

1	2	3	4	5	6
Meno del solito	Per niente	Minimamente in colpa	Moderatamente in colpa	Notevolmente in colpa	Estremamente in colpa

44) Quanto si è sentito inutile nell'ultimo mese?

1	2	3	4	5	6
Meno del solito	Per niente	Minimamente inutile	Moderatamente inutile	Notevolmente inutile	Estremamente inutile