

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid investigators to integrate the collection of PhenX measures in your study. The PhenX measures that you selected and added to your Cart are presented in the DCW in alphabetical order. The DCW includes worksheets for data collection. Variables derived from the collected data are shown in the Data Dictionary (DD) with variable names and unique PhenX variable identifiers. The collection of DCWs produced by the Toolkit is not designed as a data collection instrument. Each investigator will decide how to integrate PhenX measures into data collection for their study.

Part I: Depression Screener from the Composite International Diagnostic Interview - Short Form

1a. Have you ever had a time in your life when you felt sad, blue, or depressed for two weeks or more in a row?

1 Yes

2 No

-1 Refused

-2 Not Asked

1b. Have you ever had a time in your life lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

1 Yes

2 No

-1 Refused

-2 Not Asked

IF NO or skip to 1a AND 1b, protocol is done. If YES to either of the two, continue to 1c.

Please think of the two-week period in your life when your feelings of depression or loss of interest were worst:

1c. How much of the day did these feeling usually last?

- 1 All day long
- 2 Most of the day
- 3 About half of the day [protocol is complete]
- 4 Less than half of the day [protocol is complete]
- 1 Refused
- 2 Not Asked

1d. Did you feel this way:

- 1 Every day
- 2 Almost every day
- 3 Less often [protocol is complete]
- 1 Refused
- 2 Not Asked

2. Did you feel more tired out or low on energy than is usual for you?

- 1 Yes
- 2 No
- 1 Refused
- 2 Not Asked

3. Did you gain or lose weight without trying, or did you stay about the same weight?

- 1 Gained [go to 3aa]
- 2 Lost [go to 3ab]
- 3 Both gained and lost weight [go to 3ac]
- 4 Stayed about the same or on a diet [go to 4]
- 1 Refused
- 2 Not Asked

3aa. About how much weight did you gain?

_____ pounds

3ab. About how much weight did you lose?

_____ pounds

3ac. About how much weight did you gain and lose?

Gained _____ pounds

Lost _____ pounds

4. Did you have more trouble falling asleep than you usually do?

1 Yes [go to 4A]

2 No [go to 5]

-1 Refused

-2 Not Asked

[If skip, go to 5]

4a. How often did that happen?

1 Every night

2 Nearly every night

3 Less often

-1 Refused

-2 Not Asked

5. Did you have a lot more trouble concentrating than usual?

1 Yes

2 No

-1 Refused

-2 Not Asked

6. People sometimes feel down on themselves, no good, or worthless. Did you feel this way?

1 Yes

2 No

-1 Refused

-2 Not Asked

7. Did you think a lot about death - either your own, someone else's, or death in general?

1 Yes

2 No

-1 Refused

-2 Not Asked

Please again think of the two-week period in your life when your feelings of depression or loss of interest were worst:

8. About how many weeks altogether did you feel this way? Count the weeks before, during and after the worst two weeks. The total period of depression/loss of interest was:

_____ weeks

8a. How many periods like this did you have in your life, lasting two or more weeks?

_____ periods

8b. About how old were you the FIRST time you had a period of two weeks like this? (Whether or not you received any help for it.)

_____ years of age when you first felt this way

8c. About how old were you the LAST time you had a period of two weeks like this? (Whether or not you received any help for it.)

_____ years of age when the most recent episode happened

8d. Did you ever tell a professional about these problems (medical doctor, psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

1 Yes

2 No

-1 Refused

-2 Not Asked

8e. Did you take medication or use drugs or alcohol more than once for these problems?

1 Yes

2 No

-1 Refused

-2 Not Asked

8f. How much did these problems interfere with your life or activities:

1 A lot

2 Some

3 A little

4 [] Not at all

-1 [] Refused

-2 [] Not Asked

Part II: Depression Symptom Assessment from the Quick Inventory of Depressive Symptoms (QIDS)

Please indicate the one response to each item that best describes you for the past seven 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 one hour or so before I need to, but I go back to sleep eventually.

3 [] I awaken at least one hour before I need to, and can't go back to sleep.

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. 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.

7. 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.

8. Decreased Weight (Within the Last Two 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.

9. Increased Weight (Within the Last Two 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.

Enter the highest score on any 1 of the 4 appetite/weight change items (6-9 above) _____

10. 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.

11. 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.

12. 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 have actually tried to take my life.

13. 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.

14. 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 or going to work).

3 [] I really cannot carry out most of my usual daily activities because I just don't have the energy.

15. Feeling Slowed Down:

0 [] I think, speak, and move at my usual rate of speed.

1 [] I find that 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 slowed.

3 [] I am often unable to respond to questions without extreme effort.

16. Feeling Restless:

0 [] I do not feel restless.

1 [] I'm often fidgety, wringing 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.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/120502#Source>