SHORT DEPRESSION INTERVIEW (SDI)

(English translation of the Dutch text).

PATIENT: …… ☐ Female ☐ Male DATE: ……

INSTRUCTIONS FOR THE INTERVIEWER:

- 'nearly every day/night' means at least 6 out of 7 days/nights
- 'most of the day' means on average more than half of the time

A. DEPRESSIVE SYMPTOMS

INTRODUCTION TO THE PATIENT: "I would like to ask you a few questions about symptoms that you may have. You can answer most questions with 'yes' or 'no'."

I	*Depressed mood*				
	1	Do you feel sad, down or depressed most of the day?	yes	no	if YES:
		If so, have you felt that way nearly every day for 2 weeks or more?	YES	NO	☐
II	*Loss of interest or pleasure*				
	2	Has your interest in people and things around you decreased?	yes	no	
		If so, has this been the case nearly every day and most of the day for 2 weeks or more?	YES	NO	
	3	Do you enjoy ordinary things in life and pleasant events less than usual?	yes	no	
		If so, has this been the case nearly every day and most of the day for 2 weeks or more?	YES	NO	if 1 YES: ☐

CONTINUE ONLY IF FOR SECTION I OR II THERE IS A CROSS IN THE 'YES'-BOX IN THE RIGHTHAND COLUMN. IF NOT, NOTE: 'NO DEPRESSION'.

III	*Diminished cognitive functioning*				
	4	Do you have difficulty in concentrating or focusing your attention?	yes	no	
		If so, has that been the case nearly every day for 2 weeks or more?	YES	NO	
	5	Do you have difficulty with thinking or reasoning?	yes	no	
		If so, has that been the case nearly every day for 2 weeks or more?	YES	NO	
	6	Do you have difficulty in making decisions (for example about what you want to do, what you want to wear, what you want to eat, what you want to buy, etc.)?	yes	no	
		If so, has that been the case nearly every day for 2 weeks or more?	YES	NO	if 1 YES: ☐

IV	*Insomnia or hypersomnia*				
	8	Do you have problems with sleeping?	yes	no	*if no: go to Q* 9
	8a	Do you have difficulty in falling asleep?	yes	no	
		If so, does it take you more than an hour to fall asleep, and has this been the case nearly every evening for 2 weeks or more?	YES	NO	
	8b	Do you wake up a couple of times during the night?	yes	no	
		If so, have you stayed awake altogether more than one hour a night, nearly every night for 2 weeks or more?	YES	NO	
	8c	Do you wake up very early in the morning, unable to fall asleep again?	yes	no	
		If so, did you wake up 2 hours earlier than usual, nearly every morning for 2 weeks or more?	YES	NO	
	8d	Do you sleep a lot more than you used to?	yes	no	if 1 YES: ☐
		If so, did you sleep more than 2 hours more than usual, nearly every night for 2 weeks or more?	YES	NO	
V	*Worthlessness or guilt*				
	9	Do you feel worthless as a person?	yes	no	
		If so, have you felt that way for 2 weeks or more?	YES	NO	
	10	Do you feel guilty?	yes	no	if 1 YES: ☐
		If so, have you felt that way for 2 weeks or more?	YES	NO	
VI	*Psychomotor agitation or retardation*				
	11	Do you feel so restless that you can’t sit still?	yes	no	
		If so, do you think other people can notice your restlessness?	yes	no	
		If so, has that been the case nearly every day for 2 weeks or more?	YES	NO	
	12	Have you noticed that you move more slowly than usual?	yes	no	
		If so, do you think other people have noticed it too?	yes	no	
		If so, has that been the case nearly every day for 2 weeks or more?	YES	NO	
	13	Have you noticed that your speech is more slowly than usual?	yes	no	
		If so, do you think other people have noticed it too?	yes	no	
		If so, has that been the case nearly every day for 2 weeks or more?	YES	NO	if 1 YES: ☐

VII	*Fatigue*				
	7	Do you feel tired or powerless?	yes	no	if YES:
		If so, have you felt that way nearly every day for 2 weeks or more?	YES	NO	☐
VIII	*Suicidal ideation*				
	14	Do you think about death a lot?	yes	no	
		If so, do you sometimes think 'I wish I were dead'?	yes	no	if YES:
		If so, do you think that more than twice a day?	YES	NO	☐
IX	*Change in appetite or weight*				
	15	Has your appetite changed?	yes	no	*if no: go to Q 16*
	15a	Has your appetite markedly decreased?	yes	no	
		If so, has that been the case nearly every day for 2 weeks or more?	YES	NO	
	15b	Has your appetite markedly increased?	yes	no	
		If so, has that been the case nearly every day for 2 weeks or more?	YES	NO	
	16	Has your weight changed lately?	yes	no	
	16a	Did you lose more than 5% of your weight within one month?	YES	NO	if 1 YES:
	16b	Did you gain more than 5% of your weight within one month?	YES	NO	☐

NUMBER OF DEPRESSIVE SYMPTOMS: …….

(NUMBER OF CROSSES IN RIGHTHAND COLUMN)

B. ADDITIONAL CRITERIA [*questions to be answered by the physician*]

X	*Significant distress or impairment*				
	17	To what extent is the patient distressed by the symptoms mentioned under 1 to 16?	barely distressed: NO a little distressed: NO rather distressed: YES very much distressed: YES		if 1 YES: ☐
	18	To what extent do the symptoms mentioned under 1 to 16 cause social disability, professionally or otherwise?	no or slight disability: NO some disability: NO rather severe disability: YES very severe disability: YES		
XI	*Not due to substance or disease*				
	19	Is it clear that none of the symptoms mentioned under 1 to 16 are caused by the use of alcohol, illegal drugs or medication?	YES	NO	if both YES: ☐
	20	Is it clear that none of the symptoms mentioned under 1 to 16 are caused by a somatic illness or condition?	YES	NO	
XII	*Not entirely due to bereavement*				
	21	Do you consider that the symptoms mentioned under 1 to 16 are *not* entirely due to a normal bereavement reaction after the loss of a loved one? [*Explanation: In normal bereavement the symptoms do not persist longer than 2 months, do not cause marked functional impairment, and are not accompanied by a morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms or psychomotor retardation*.]	YES	NO	if YES: ☐

CONCLUSION:

IF THE NUMBER OF SYMPTOMS IS ≥ 5

ÁND FOR SECTIONS X TO XII THERE ARE 3 CROSSES IN THE ‘YES’ BOX IN THE RIGHTHAND COLUMN,

THE DIAGNOSIS IS: **MAJOR DEPRESSION** ☐

OTHERWISE IT IS: **NO DEPRESSION** ☐