

Depression Outcome Scale*

Patient name _____

Date _____

Instructions

This questionnaire includes questions about symptoms of depression. For each item please indicate how well it describes you during the **past week, including today**. Circle the number in the columns next to the item that best describes you.

Rating guidelines†

- 0 = Not at all
- 1 = Rarely true (1–2 days)
- 2 = Sometimes true (3–4 days)
- 3 = Often true (5–6 days)
- 4 = Almost always true (every day)

†Please note: This is not a diagnostic tool. Only a healthcare professional can diagnose depression. Always follow the healthcare advice of your doctor. Do not change the way you take your medication without talking to your doctor.

During the PAST WEEK, INCLUDING TODAY...

1.	I felt sad or depressed	0	1	2	3	4
2.	I was not as interested in my usual activities	0	1	2	3	4
3.	My appetite was poor and I didn't feel like eating	0	1	2	3	4
4.	My appetite was much greater than usual	0	1	2	3	4
5.	I had difficulty sleeping	0	1	2	3	4
6.	I was sleeping too much	0	1	2	3	4
7.	I felt very fidgety, making it difficult to sit still	0	1	2	3	4
8.	I felt physically slowed down, like my body was stuck in mud	0	1	2	3	4
9.	My energy level was low	0	1	2	3	4
10.	I felt guilty	0	1	2	3	4
11.	I thought I was a failure	0	1	2	3	4
12.	I had problems concentrating	0	1	2	3	4
13.	I had more difficulties making decisions than usual	0	1	2	3	4
14.	I wished I was dead	0	1	2	3	4
15.	I thought about killing myself	0	1	2	3	4
16.	I thought that the future looked hopeless	0	1	2	3	4

Overall, how much have symptoms of depression interfered with or caused difficulties in your life during the past week? (Circle one)

- a) Not at all b) A little bit c) A moderate amount
d) Quite a bit e) Extremely

*Adapted from the Clinically Useful Depression Outcome Scale (CUDOS), developed by Mark Zimmerman, MD, Director of Outpatient Psychiatry at Rhode Island Hospital. *Compr Psychiatry*. 2008;49(2):131-140.

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