MENTAL HEALTH METRICS

DSM-5 Clinical Assessment: Lifetime Depressive Episode

Item	Question text
1	Has there been a **period in your life** when you felt sad, depressed, empty or tearful for most of the day, nearly every day, for a period of **two weeks** or longer? ☐ Yes ☐ No
2	Has there been a **period in your life** when you felt very little interest or pleasure in most activities that you usually do, nearly every day, for a period of **two weeks** or longer? ☐ Yes ☐ No
[If 1 = "No" and 2 = "No", skip to end]	
3	During this period, on how many days was your appetite different from usual (increased or decreased)? ☐ No days ☐ One or two days ☐ Several days ☐ Nearly every day ☐ Every day
4	During this period, did your weight increase substantially or decrease substantially without you trying to gain or lose weight? ☐ Yes ☐ No
5	During this period, on how many days did you have difficulty sleeping? ☐ No days ☐ One or two days ☐ Several days ☐ Nearly every day ☐ Every day
6	During this period, on how many days did you sleep more than usual? ☐ No days ☐ One or two days ☐ Several days ☐ Nearly every day ☐ Every day

7	During this period, on how many days were you restless or agitated (for example, unable to sit still, pacing around, wringing your hands, pulling or rubbing your skin)? ☐ No days *[→ Skip to Q9]* ☐ One or two days *[→ Skip to Q9]* ☐ Several days *[→ Skip to Q9]* ☐ Nearly every day ☐ Every day
8	Was your restlessness or agitation substantial enough for other people to notice? ☐ Yes ☐ No
9	During this period, on how many days did you move or talk more slowly than usual? ☐ No days *[→ Skip to Q11]* ☐ One or two days *[→ Skip to Q11]* ☐ Several days *[→ Skip to Q11]* ☐ Nearly every day ☐ Every day
10	Was your slowing substantial enough for other people to notice? ☐ Yes ☐ No
11	During this period, on how many days did you feel tired or lacking in energy? ☐ No days ☐ One or two days ☐ Several days ☐ Nearly every day ☐ Every day
12	During this period, on how many days did you have very strong feelings of being worthless or guilty about things that are beyond your control? ☐ No days ☐ One or two days ☐ Several days ☐ Nearly every day ☐ Every day
13	During this period, on how many days did you have difficulties concentrating or making decisions? ☐ No days ☐ One or two days ☐ Several days ☐ Nearly every day ☐ Every day

14	During this period, on how many days did you have thoughts about death or thoughts about suicide? ☐ No days ☐ One or two days ☐ Several days ☐ Nearly every day ☐ Every day
15	During this period, did these problems cause you difficulties at home, work, school, socially or in your relationships? ☐ Yes ☐ No
16	During this period, did these problems make you highly distressed? ☐ Yes ☐ No
17	Within this period, were there at least four days when your mood was unusually high or irritable, and your energy levels were unusually high? ☐ Yes ☐ No

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Scoring Criteria

All of the following conditions:

- #1 = “Yes” or #2 = “Yes”
- Five or more of the following:
  - #1 > “Yes”
  - #2 > “Yes”
  - #3 > “Several days” or 4 = “Yes”
  - #5 > “Several days” or #6 > “Several days”
  - [#7 > “Several days” AND #8 = “Yes”] OR [#9 > “Several days” AND #10 = “Yes”]
  - #11 > “Several days”
  - #12 > “Several days”
  - #13 > “Several days”
  - #14 > “Several days”
- #15 = “Yes”
- #16 = “No”
- #17 = “No”