

The Major (ICD-10) Depression Inventory (MDI)

The following questions ask about how you have been feeling over the last two weeks.

Please mark the box which is closest to how you have been feeling.

Example: If you have felt in low spirits or sad slightly more than half of the time during the last two weeks, mark the third box from the left in the first row.

	How much of the time...	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	Have you felt in low spirits or sad?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2	Have you lost interest in your daily activities?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3	Have you felt lacking in energy and strength?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4	Have you felt less self-confident?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5	Have you had a bad conscience or feelings of guilt?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6	Have you felt that life wasn't worth living?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7	Have you had difficulty in concentrating, e.g. when reading the newspaper or watching television?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8a	Have you felt very restless?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8b	Have you felt subdued?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9	Have you had trouble sleeping at night?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10a	Have you suffered from reduced appetite?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10b	Have you suffered from increased appetite?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Scoring of the Major Depression Inventory

Each item is scored on a Likert scale from 0 to 5

*For Items 8 and 10, choose the sub-item (a or b) with the highest score.

Diagnosis of depression

A score of 4 or 5 points in at least

2 of the first 3 items	+	2 of the first 7 items	Mild depression
2 of the first 3 items	+	4 of the first 7 items	Moderate depression
all of the first 3 items	+	5 of the first 7 items	Severe depression
1 of the first 2 items	+	5 of all 9 items	Major depression