



Major Depression Inventory (MDI)

The following questions ask about how you have been feeling over the past two weeks. Please put a tick in the box which is closest to how you have been feeling.

How much of the time ...		All the time	Most of the time	Slightly more than half the time	Slightly less than half the time	Some of the time	At no time
1	Have you felt low in 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 or slowed down?	<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
						Total score	<input type="checkbox"/> <input type="checkbox"/>



Major Depression Inventory (MDI): Scoring Key

At the top, the diagnostic demarcation line is indicated and at the bottom, the total scores of the 10 items are summed up.

How much of the time ...		Diagnostic demarcation line						
		All the time	Most of the time	Slightly more than half the time	Slightly less than half the time	Some of the time	At no time	
Highest score for DSM-IV major depression	1	Have you felt low in spirits or sad?	5	4	3	2	1	0
	2	Have you lost interest in your daily activities?	5	4	3	2	1	0
	3	Have you felt lacking in energy and strength?	5	4	3	2	1	0
	4	Have you felt less self-confident?	5	4	3	2	1	0
	5	Have you had a bad conscience or feelings of guilt?	5	4	3	2	1	0
	6	Have you felt that life wasn't worth living?	5	4	3	2	1	0
	7	Have you had difficulty in concentrating, e.g. when reading the newspaper or watching television?	5	4	3	2	1	0
Highest score	8a	Have you felt very restless?	5	4	3	2	1	0
	8b	Have you felt subdued or slowed down?	5	4	3	2	1	0
Highest score	9	Have you had trouble sleeping at night?	5	4	3	2	1	0
	10a	Have you suffered from reduced appetite?	5	4	3	2	1	0
	10b	Have you suffered from increased appetite?	5	4	3	2	1	0

Total Score (item 1 - 10) : = _____ + _____ + _____ + _____ + _____ =

DSM-IV diagnosis _____



Major Depression Inventory (MDI): Scoring Instruction

A: As a diagnostic instrument for DSM-IV major depression

The diagnostic demarcation line indicates at which point a symptom is severe enough to be used in the DSM-IV algorithm of major depression. Thus, the first three symptoms should have been present at least "most of the time" during the past two weeks, while the other symptoms should have been present "more than half" of the period. For symptoms 4 and 5, only the highest score should be used, as the DSM-IV contains only 9 of the 10 MDI symptoms and as symptoms 4 and 5 belong to the same category in DSM-IV. For symptoms 8 and 10, only the one of the two alternatives (a or b) with the highest score is considered.

Major depression is diagnosed if 5 or more of the 9 symptoms (items 4 and 5 combined) have been present in the past two weeks and if symptom 1 or symptom 2 are included in these 5 symptoms.

Reference:

Bech P, Rasmussen N-A, Olsen LR, Noerholm V, Abildgaard W. The sensitivity and specificity of the Major Depression Inventory, using the Present State Examination as the index of diagnostic validity. *J Affect Disord* 2001; 66: 159-164

B: As a depression rating scale

As a severity measure, the MDI score ranges from 0 to 50, since each of the 10 items can be scored from 0 (at no time) to 5 (all the time). Again, for items 8 and 10, alternative a or b with the highest score is considered.

Mild depression	MDI total score of 20 to 24
Moderate depression	MDI total score of 25 to 29
Severe depression	MDI total score of 30 or more

Reference:

Olsen LR, Jensen DV, Noerholm V, Martiny K, Bech P. The internal and external validity of the Major Depression Inventory in measuring severity of depressive states. *Psychol Med* 2003; 33, 351-356