

**Personal Inventory for Depression and SAD**  
**Self-Assessment Version (PIDS-SA)**

*This questionnaire may help you decide whether to consult a clinician about depression, whether Seasonal Affective Disorder (SAD) may be your problem, and whether treatment with light, medication or psychotherapy should be considered. This is not a method for self-diagnosis, but it can help you assess the severity and timing of certain symptoms of depression. You should answer these questions privately for your personal use and make separate copies of the questionnaire if family members or friends want to use it. Circle your responses to the right of each question, and then follow the scoring instructions.*

**PART 1. SOME QUESTIONS ABOUT DEPRESSION.**

*In the last year, have you had any single period of time lasting at least two weeks in which any of the following problems was present nearly every day? (Of course, you may also have had several such periods.)*

Were there two weeks or more . . .

- |   |            |           |
|---|------------|-----------|
| <input type="checkbox"/> when you had trouble falling asleep or staying asleep, or sleeping too much?   | <b>YES</b> | <b>NO</b> |
| <input type="checkbox"/> when you were feeling tired or had little energy?  | <b>YES</b> | <b>NO</b> |
| <input type="checkbox"/> when you experienced poor appetite or overeating? Or significant weight gain or loss, although you were not dieting?   | <b>YES</b> | <b>NO</b> |
| <input type="checkbox"/> when you found little interest or little pleasure in doing things?   | <b>YES</b> | <b>NO</b> |
| <input type="checkbox"/> when you were feeling down, depressed, or hopeless?  | <b>YES</b> | <b>NO</b> |
| <input type="checkbox"/> when you were feeling bad about yourself — or that you were a failure — or that you were letting yourself or your family down?   | <b>YES</b> | <b>NO</b> |
| <input type="checkbox"/> when you had trouble concentrating on things, like reading the newspaper or watching television?   | <b>YES</b> | <b>NO</b> |
| <input type="checkbox"/> when you were so fidgety or restless that you were moving around a lot more than usual? Or the opposite — moving or speaking so slowly that other people could have noticed? | <b>YES</b> | <b>NO</b> |
| <input type="checkbox"/> when you were thinking a lot about death or that you would be better off dead, or even thinking of hurting yourself?   | <b>YES</b> | <b>NO</b> |

*How many questions above did you score "yes"? \_\_\_\_*

**PART 2. HOW 'SEASONAL' A PERSON ARE YOU?**

*Circle one number on each line to indicate how much each of the following behaviors or feelings changes with the seasons. (For instance, you may find you sleep different hours in the winter than in the summer.)*

*(0 = no change, 1 = slight change, 2 = moderate change, 3 = marked change, 4 = extreme change.)*

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| Change in your total sleep length (including nighttime sleep and naps)             | 0 | 1 | 2 | 3 | 4 |
| Change in your level of social activity (including friends, family and co-workers) | 0 | 1 | 2 | 3 | 4 |
| Change in your general mood, or overall feeling of well-being                      | 0 | 1 | 2 | 3 | 4 |
| Change in your weight  | 0 | 1 | 2 | 3 | 4 |
| Change in your appetite (both food cravings and the amount you eat)                | 0 | 1 | 2 | 3 | 4 |

**Change in your energy level**

0 1 2 3 4

*What's the sum total of the numbers you circled above? \_\_\_\_\_*

-2-

**PART 3. WHICH MONTHS STAND OUT AS 'EXTREME' FOR YOU?**

*For each of the following behaviors or feelings, draw a circle around all applicable months. If no particular month stands out for any item, circle "none". You should circle a month only if you recollect a distinct change in comparison to other months, occurring for several years. You may circle several months for each item.*

**COLUMN A**

**COLUMN B**

I tend to feel worst in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to feel best in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to eat most in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to eat least in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to gain most weight in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to lose most weight in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to sleep most in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to sleep least in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to have the least energy in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to have the most energy in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to have the lowest level of social activity in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

I tend to have the highest level of social activity in  
Jan Feb Mar Apr May Jun July Aug Sep Oct Nov Dec none

*For Column A and Column B above, how many times did you circle each month?*

*Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec NONE*

**COLUMN A** \_\_\_\_\_

**COLUMN B** \_\_\_\_\_

**PART 4. MORE ABOUT POSSIBLE WINTER SYMPTOMS . . .**

*In comparison to other times of the year, during the winter months, which — if any — of the following symptoms tend to be present?*

I tend to sleep longer hours (napping included).	<b>YES</b>	<b>NO</b>
I tend to have trouble waking up in the morning.	<b>YES</b>	<b>NO</b>
I tend to have low daytime energy, feeling tired most of the time.	<b>YES</b>	<b>NO</b>
I tend to feel worse, overall, in the late evening than in the morning.	<b>YES</b>	<b>NO</b>
I tend to have a distinct temporary slump in mood or energy in the afternoon.	<b>YES</b>	<b>NO</b>
I tend to crave more sweets and starches.	<b>YES</b>	<b>NO</b>
I tend to eat more sweets and starches, whether or not I crave them.		<b>YES</b>

**NO**

I tend to crave sweets, but mostly in the afternoon and evening.

**YES**

**NO**

I tend to gain more weight than in the summer.

**YES**

**NO**

*How many questions above did you score "yes"? \_\_\_\_\_*

# Personal Inventory for Depression and SAD

## Self-Assessment Version (PIDS-SA)

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### INTERPRETATION GUIDE

**Part 1.** If you circled five or more problems, it is possible that you have had a major depressive disorder for which you should consider seeking help. Even if you circled only one or two problems you may want to consult with a psychiatrist, psychologist, social worker or other mental health professional if the problems worry you or interfere with your daily activities. You may have experienced some of these problems for *less* than two weeks — if so, your problem is probably not a “major” depressive disorder (as clinically defined), but still may be serious enough to merit consultation with a therapist, and possible treatment. To determine whether the problem might be seasonal, consider Parts 2 and 3 below.

**Part 2.** If your total score on Part 2 is less than 6, you fall within the “nonseasonal” range. You probably do not have seasonal affective disorder (SAD). If your score on Part 1 was high, however, it is still possible that you have experienced a depression that merits the attention and guidance of a mental health professional.

If your score on Part 2 falls between 7 and 11, you may have a mild version of SAD for which seasonal changes are noticeable, and possibly even quite bothersome. If your score is 12 or more, SAD that is clinically significant is increasingly likely. But you still need to consider which months pose most problems, as shown in Part 3.

**Part 3.** People with *fall or winter* depression tend to score 4 or more per month in a series of 3-5 months beginning anytime between September and January, as would be noted in Column A. For months outside that range the score tends to be zero, or nearly zero. In Column B, the same people will usually score 4 or more points per month over a series of 3-5 months beginning anytime between March and June.

Some people show a different pattern, with scores divided between Columns A and B during both winter and summer months. For example, they may feel worst and socialize least during the summer, especially July and August; during that same period, they may eat least, lose most weight, and sleep least. In winter, they may feel best and socialize most, yet still tend to eat most, gain most weight, and sleep most. Such people may experience seasonal depression of the *summer* type, and treatment recommendations will differ from those for winter depression.

Some people show *relatively* high scores in the fall and winter months in Column A (winter depression), but there is also a scatter of good and bad months *throughout* the year. Such a pattern may indicate a winter worsening of symptoms, rather than clear-cut SAD. Recommendations for winter treatment might be similar to those for winter SAD, although there may be a need for additional treatments.

Some people experience depression in the winter as well as in the summer, but they feel fine in the spring and the fall. In contrast with the winter, their summer depression is usually not accompanied by oversleeping and overeating. This is a special case of SAD, for which different treatments might be appropriate in winter and summer. Even people who experience only winter depression sometimes feel summertime slumps in mood and energy when the weather is rainy or dark for several days. They often find relief by brief use of their winter treatment during these periods.

**Part 4.** If you reported any of these specific behaviors, you have experienced winter symptoms that may respond to treatments for SAD, regardless of whether or not you have depressed mood. The higher your score in Part 4, the more likely you are to have winter SAD. It is possible, however, to be depressed in winter *without* these symptoms — or even with *opposite* symptoms such as reduced sleep and appetite. If so, a mental health professional might recommend a treatment not designed specifically for SAD

### NOTES

For further information about SAD and its treatments, see the website of the Center for Environmental Therapeutics, [www.cet.org](http://www.cet.org).

Part 1 was adapted from the Prime-MD Clinician Evaluation Guide, developed by Robert L. Spitzer, MD, and Janet B.W. Williams, DSW, New York State Psychiatric Institute and Department of Psychiatry, Columbia University. Parts 2 and 3 were adapted from the Seasonal Pattern Assessment Questionnaire developed by Norman E. Rosenthal, MD, Gary J. Bradt, and Thomas A. Wehr, MD, National Institute of Mental Health. Preparation of the PIDS was sponsored in part by Grant MH42930 from the U.S. National Institute of Mental Health to the Research Foundation for Mental Hygiene, New York State Psychiatric Institute.

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