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

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

Please put a tick in 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 put a tick in 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?	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
8a	Have you felt very restless?	5	4	3	2	1	0
8b	Have you felt subdued?	5	4	3	2	1	0
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