Clinically Useful Depression Outcome Scale (CUDOS) Assessment

Patient Information Patient Name: Date of Assessment: Assessment Conducted by: Clinical Setting: Instructions: Please rate each item on a scale of 0 to 4, where 0 indicates "Not at all" and 4 indicates "Nearly every day." Consider the patient's experiences over the past two weeks. Scoring: Total scores can range from 0 to 48. • Higher scores indicate greater severity of depressive symptoms. **Assessment Items:** Please rate the following items based on the patient's experiences. 1. Sad Mood: □ 0 - Not at all ☐ 1 - Occasionally ☐ 2 - Some of the time ☐ 3 - Most of the time 2. Appetite/Weight Changes: □ 0 - Not at all □ 1 - Occasionally

3. Sleep Disturbance:

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☐ 1 - Occasionally

☐ 2 - Some of the time

☐ 2 - Some of the time

☐ 3 - Most of the time

| 3 - Most of the time | | |
|--|--|--|
| 4 - Nearly every day | | |
| 4. Agitation or Psychomotor Retardation: | | |
| ☐ 0 - Not at all | | |
| ☐ 1 - Occasionally | | |
| ☐ 2 - Some of the time | | |
| ☐ 3 - Most of the time | | |
| 4 - Nearly every day | | |
| 5. Feelings of Guilt/Worthlessness: | | |
| ☐ 0 - Not at all | | |
| ☐ 1 - Occasionally | | |
| ☐ 2 - Some of the time | | |
| ☐ 3 - Most of the time | | |
| 4 - Nearly every day | | |
| 6. Concentration Difficulties: | | |
| ☐ 0 - Not at all | | |
| ☐ 1 - Occasionally | | |
| ☐ 2 - Some of the time | | |
| ☐ 3 - Most of the time | | |
| ☐ 4 - Nearly every day | | |
| 7. Lethargy/Fatigue: | | |
| ☐ 0 - Not at all | | |
| ☐ 1 - Occasionally | | |
| ☐ 2 - Some of the time | | |
| ☐ 3 - Most of the time | | |
| 4 - Nearly every day | | |
| 8. Suicidal Thoughts or Ideation: | | |
| ☐ 0 - Not at all | | |
| ☐ 1 - Occasionally | | |
| ☐ 2 - Some of the time | | |

| 3 - Most of the time |
|----------------------|
| 4 - Nearly every day |

Total Score:

Interpretation:

• 0-10: Minimal depression

• 11-20: Mild depression

• 21-30: Moderate depression

• 31-40: Severe depression

• 41-48: Very severe depression

Recommendations: