

Zung Depression Self-Rating Scale [©]

INSTRUCTIONS: Please fill in one response for each of the 20 statements below based upon how you have been feeling over the past two weeks or longer. Then, please respond to the free-standing statement after item 20.

	None or a Little of the Time	Some of the Time	Good Part of the Time	Most or All of the Time	Item Rating
1. I feel downhearted, blue, and sad.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
2. Morning is when I feel best.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	
3. I have crying spells or feel like it.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
4. I have trouble sleeping through the night.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
5. I eat as much as I used to.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	
6. I enjoy looking at, talking to, and being with attractive women/men.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	
7. I notice that I am losing weight.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
8. I have trouble with constipation.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
9. My heart beats faster than usual.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
10. I get tired for no reason.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
11. My mind is as clear as it used to be.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	
12. I find it easy to do the things I used to do.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	
13. I am restless and can't keep still.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
14. I feel hopeful about the future.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	
15. I am more irritable than usual.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
16. I find it easy to make decisions.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	
17. I feel that I am useful and needed.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	
18. My life is pretty full.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	
19. I feel that others would be better off if I were dead.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
20. I still enjoy the things I used to do.	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	

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RAW SCORE

SDS INDEX

	None or a Little of the Time	Some of the Time	Good Part of the Time	Most or All of the Time
I have recently thought of, or am currently thinking of, suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TO BE FILLED OUT BY CLINICIAN

Screening Recommendation

No follow-up recommended

Yes No

Outpatient Referral: to sponsoring facility
 referred elsewhere

Inpatient referral: to sponsoring facility
 referred elsewhere

Did you consider this an emergency?

Referred back to current provider

Scoring and Interpreting the Zung Self-Rating Depression Questionnaire

The screening clinician will explain the following scoring instructions step-by-step to enable you to self-score your Zung depression screening form.

1. Enter the numerical value for each of the 20 filled-in answers in the box at the end of each line.
2. Add together all the numbers in the far right-hand column, then record this total number in the "Raw Score" box at the bottom of the column.
3. Refer to the conversion table below to determine the SDS Index score that corresponds with your Raw Score, then enter this number in the "SDS Index" box.
4. Refer to the "Interpretation of SDS Index Scores" chart below to determine the meaning of your score and whether a further clinical evaluation for depression is needed.

Conversion of Raw Scores to the SDS Index

Raw Score	SDS Index	Raw Score	SDS Index	Raw Score	SDS Index
20	25	40	50	60	75
21	26	41	51	61	76
22	28	42	53	62	78
23	29	43	54	63	79
24	31	44	55	64	80
25	31	45	56	65	81
26	33	46	58	66	83
27	34	47	59	67	84
28	35	48	60	68	85
29	36	49	61	69	86
30	38	50	63	70	88
31	39	51	64	71	89
32	40	52	65	72	90
33	41	53	66	73	91
34	43	54	68	74	92
35	44	55	69	75	94
36	45	56	70	76	95
37	46	57	71	77	96
38	48	58	73	78	98
39	49	59	74	79	99
				80	100

Interpretation of SDS Index Scores

SDS Index	Equivalent Clinical Global Impressions
Below 50 ...	Within normal range, no psychopathology
50-59 ...	Presence of minimal to mild depression*
60-69 ...	Presence of moderate to marked depression*
70 and over ...	Presence of severe to extreme depression*

* *Individuals with an SDS index score of 50 or higher should see their doctor or a qualified mental health professional for further examination.*