

ZUNG SELF RATING DEPRESSION SCALE

PATIENTS NAME _____

DATE OF ASSESSMENT _____

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue	1	2	3	4
2. Morning is when I feel the best	4	3	2	1
3. I have crying spells or feel like it	1	2	3	4
4. I have trouble sleeping at night	1	2	3	4
5. I eat as much as I used to	4	3	2	1
6. I still enjoy sex	4	3	2	1
7. I notice that I am losing weight	1	2	3	4
8. I have trouble with constipation	1	2	3	4
9. My heart beats faster than usual	1	2	3	4
10. I get tired for no reason	1	2	3	4
11. My mind is as clear as it used to be	4	3	2	1
12. I find it easy to do the things I used to	4	3	2	1
13. I am restless and can't keep still	1	2	3	4
14. I feel hopeful about the future	4	3	2	1
15. I am more irritable than usual	1	2	3	4
16. I find it easy to make decisions	4	3	2	1
17. I feel that I am useful and needed	4	3	2	1
18. My life is pretty full	4	3	2	1
19. I feel that others would be better off if I were dead	1	2	3	4
20. I still enjoy the things I used to do	4	3	2	1

Adapted from Zung.²

References: 1. Carroll BJ, Fielding JM, Blashki TG. Depression rating scales: a critical review. *Arch Gen Psychiatry.* 1973; 28:361-366.
2. Zung WWK. A self-rating depression scale. *Arch Gen Psychiatry.* 1965;12:63-70.

POWER OF THE MIND HEALING CENTER / HOLISTIC HEALTH & HEALING

DR. SHARON JACKSON, PHD. CCHT POWERSOFTHEMIND.ORG Presented as a service by

**103 South 3rd Street, Suites 102/102A
Ozark, Missouri 65753 (417) 773-2524**

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709
Web site: www.glaxowellcome.com