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Zung Questionnaire ~ Depression Scale

Patient Name: _____ Date of Birth: _____

Instructions: Read each sentence carefully. For each statement, check the box in the column that best corresponds to how often you have felt that way during the past two weeks.

For statements 5 and 7, if you are on a diet, answer as if you were not.

Please check a response for each of the 20 items....

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

Conversion of Raw Scores to the SDS Index

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

Raw Score: _____

SDS Index: _____

SDS Index
Below - 50
50 - 59
60 - 69
70 and over