

Zung Self-Rating Depression Scale (SDS)

Patient Name: _____ **Date:** _____

For each item below, please place a check mark (✓) in the column which best describes how often you felt or behaved this way during the past several days

Place check mark (✓) in correct column.	None or a little of the time	Some of the time	A good part of the time	Most of the time
1. I feel down-hearted and blue.				
2. Morning is when I feel the best. *				
3. I have crying spells or feel like it.				
4. I have trouble sleeping at night.				
5. I eat as much as I used to. *				
6. I still enjoy sex. *				
7. I notice that I am losing weight.				
8. I have trouble with constipation.				
9. My heart beats faster than usual.				
10. I get tired for no reason.				
11. My mind is as clear as it used to be. *				
12. I find it easy to do the things I used to. *				
13. I am restless and can't keep still.				
14. I feel hopeful about the future. *				
15. I am more irritable than usual.				
16. I find it easy to make decisions. *				
17. I feel that I am useful and needed. *				
18. My life is pretty full. *				
19. I feel that others would be better off if I were dead.				
20. I still enjoy the things I used to do. *				

Scoring

Items are structured in terms of positive and negative statements. Responses are scored 1,2,3 or 4 according to the severity of the symptom. Items marked with an (*) are reverse scored (i.e., 4,3,2,1). The items are totaled to give an overall score.

Scores range from 25-100

- 25-49 – Normal Range
- 50-59 – Mildly Depressed
- 60-69 – Moderately Depressed
- 70 and above – Severely Depressed

Please Note: Any response on question #19 other than none or a little of the time should be reported to a doctor immediately.

The Zung Self-Rating Depression Scale should not take the place of a comprehensive clinical interview for confirming a diagnosis of depression. Please print and take to your physician or psychologist for further evaluation.