



MIRACLE Counseling

Zung Self-Rating Depression Scale (SDS)

Patient Name _____ DOB _____ Female _____

Provider Name _____ Date _____ Male _____ Other _____

For each item below, please check the column which best describes how often you felt or behaved this way during the past several days.

	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.				
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 full.				
19. I feel that others would be better off if I were dead.				
20. I still enjoy the things I used to do.				

Sources: William WK Zung. A Self-Rating Depression Scale. 12: Arch Gen Psychiatry 63-70. 1965.



NOTES: