

# Depression Rating Scale

For each question circle the answer that best describes you. Use any number from 0 - 6

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## Sad feelings:

0. Occasional sadness – just in sad situations
1. .
2. Some sadness – can cheer up easily
3. .
4. Many sad feelings
5. .
6. Miserable or despondent most of the time

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## Tension

0. Placid – only fleeting inner tension
1. .
2. Occasional edgy feelings
3. .
4. Continuous feelings of inner tension or intermittent panic – hard to control
5. .
6. Continuous dread or anguish. Over-whelming panic.

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## Reduced sleep

0. Sleep is good
1. .
2. Slight difficulty dropping off to sleep or slightly reduced sleep, fitful
3. .
4. Sleep reduced or broken by 2 or more hrs
5. .
6. Less than 2 or 3 hours of sleep per day

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## Appetite changes

0. Normal or increased appetite
1. .
2. Slightly reduced appetite
3. .
4. No appetite or food is tasteless.
5. .
6. Only eat with persuasion.

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## Slowed down

0. No difficulty in getting started on projects
1. .
2. Some problems in starting activities
3. .
4. Difficulties in starting simple activities or real effort in carrying them out
5. .
6. Very slowed down, need help to get almost anything done

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## Pessimistic

0. No pessimistic thoughts
1. .
2. Fluctuating ideas of failure, self – reproach or self depreciation
3. .
4. Many self-accusations, many thoughts of guilt, very pessimistic about future
5. .
6. Feel condemned, can not be helped,

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## Inability to feel

0. Natural interest in surroundings and in other people
1. .
2. Reduced ability to enjoy usual interests
3. .
4. Loss of interest in the surroundings. Loss of feelings for friends and acquaintances
5. .
6. Being emotionally paralyzed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends

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## Concentration Difficulties

0. No difficulties in concentrating
1. .
2. Occasional difficulties in collecting ones thoughts
3. .
4. Difficulties in concentrating and collecting ones thoughts which reduces ability to read or hold a conversation
5. .
6. Unable to read or converse without great difficulty

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## Suicidal thoughts

0. Enjoy life
1. .
2. Weary of life, fleeting suicidal thoughts
3. .
4. Would be better off dead, frequent suicidal thoughts, no specific plan
5. .
6. Have some plan for suicide when there is opportunity, have made preparations

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## Comments from others

0. No questions or comments on whether you are depressed
1. .
2. Occasional concerned comments from friends or coworkers
3. .
4. Many comments from others
5. .
6. Others say to seek help right away

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Total Score \_\_\_\_\_

Date \_\_\_\_\_

Adapted from the Montgomery-Asberg Depression Rating Scale (MADRS) for self administration.