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Zung Scale

Patient Name: _____ Sex: M___ F ___ Age: _____

		Never or Rarely	Sometimes	Often	Very Often
1	I feel downhearted blue and sad.	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 through the night.	1	2	3	4
5	I eat as much as I used to.	4	3	2	1
6	I enjoy looking at, talking to, and being with attractive women/men.	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 things I used to do.	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

RAW SCORE: _____
 SDS INDEX: _____