

Alamo Asthma & Allergy Associates, P.A.

ZUNG DEPRESSION INVENTORY

NAME: _____ Record #: _____

AGE: _____

SEX: _____

Date: ____/____/____

Circle the most accurate response.	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 unhappy and sad (there is no joy for me)	1	2	3	4
2. Morning is when I feel the best	1	2	3	4
3. I have crying spells or feel like crying	1	2	3	4
4. I have trouble sleeping through the night	1	2	3	4
5. My appetite has decreased	1	2	3	4
6. I enjoy looking at, talking to and being with attractive people	1	2	3	4
7. I notice that I am losing weight or gaining 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 unexpectedly (with minimal activity)	1	2	3	4
11. My mind is as clear as it used to be, my concentration is fine	1	2	3	4
12. I find it easy to do the things I used to	1	2	3	4
13. I am restless and can't keep still (agitated)	1	2	3	4
14. I feel hopeful (optimistic) about the future	1	2	3	4
15. I am more irritable than usual	1	2	3	4
16. I find it easy to make decisions	1	2	3	4
17. I feel that I am useful and needed	1	2	3	4
18. My life is pretty full	1	2	3	4
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 or that interest me	1	2	3	4

Raw Score

Total SDS Index = _____ x 100

Maximum Score of 80