



Depression Anxiety Stress Scales

Patient Name _____ Date _____

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 – *Did not apply* to me at all
 1 – *Applied to me to some degree*, or some of the time
 2 – *Applied to me to a considerable degree*, or a good part of time
 3 – *Applied to me very much*, or most of the time

SYMPTOMS	Rating Scale			
1 I found myself getting upset by quite trivial things	0	1	2	3
2 I was aware of dryness of my mouth	0	1	2	3
3 I couldn't seem to experience any positive feeling at all	0	1	2	3
4 I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 I just couldn't seem to get going	0	1	2	3
6 I tended to over-react to situations	0	1	2	3
7 I had a feeling of shakiness (e.g., legs going to give way)	0	1	2	3
8 I found it difficult to relax	0	1	2	3
9 I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10 I felt that I had nothing to look forward to	0	1	2	3
11 I found myself getting upset rather easily	0	1	2	3
12 I felt that I was using a lot of nervous energy	0	1	2	3
13 I felt sad and depressed	0	1	2	3
14 I found myself getting impatient when I was delayed in any way (e.g., elevators, traffic lights, being kept waiting)	0	1	2	3
15 I had a feeling of faintness	0	1	2	3
16 I felt that I had lost interest in just about everything	0	1	2	3
17 I felt I wasn't worth much as a person	0	1	2	3
18 I felt that I was rather touchy	0	1	2	3
19 I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20 I felt scared without any good reason	0	1	2	3
21 I felt that life wasn't worthwhile	0	1	2	3

