

MODIFIED ZUNG DEPRESSION INDEX

Patient Name _____

Date _____

Please read carefully:

Please indicate for each of these questions which answer best describes how you have been feeling recently. Mark only one answer to each question.

	RARELY OR NONE OF THE TIME (LESS THAN 1 DAY PER WEEK)	SOME OR LITTLE OF THE TIME (1-2 DAYS PER WEEK)	A MODERATE AMOUNT OF TIME (3-4 DAYS PER WEEK)	MOST OF THE TIME (5-7 DAYS PER WEEK)
1. I feel downhearted and sad.				
2. Morning is when I feel best.				
3. I have crying spells or feel like it.				
4. I have trouble getting to sleep at night.				
5. I feel that nobody cares.				
6. I eat as much as I used to.				
7. I still enjoy sex.				
8. I notice I am losing weight.				
9. I have trouble with constipation.				
10. My heart beats faster than usual.				
11. I get tired for no reason.				
12. My mind is as clear as it used to be.				
13. I tend to wake up too early.				
14. I find it easy to do the things I used to.				
15. I am restless and can't keep still.				
16. I feel hopeful about the future.				
17. I am more irritable than usual.				
18. I find it easy to make a decision.				
19. I feel quite guilty.				
20. I feel that I am useful and needed.				
21. My life is pretty full.				
22. I feel that others would be better off if I were dead.				
23. I am still able to enjoy the things I used to.				

COMMENTS: _____

EXAMINER: _____

With permission from: Main CH, Waddell G. The detection of psychological abnormality in chronic low-back pain using four simple scales. *Curr Concepts Pain* 1984; 2: 10-15.