

Patient Name	
--------------	--

Today's Date	
--------------	--

Please click on the boxes to fill out relevant fields in below cited forms

Form 3: ZUNG SELF-RATING DEPRESSION SCALE

Sr.	Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days. Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1	I feel down-hearted and blue				
2	Morning is when I feel the best				
3	I have crying spells or feel like it				
4	I have trouble sleeping at night				
5	I eat as much as I used to				
6	I still enjoy sex				
7	I notice that I am losing weight				
8	I have trouble with constipation				
9	My heart beats faster than usual				
10	I get tired for no reason				
11	My mind is as clear as it used to be				
12	I find it easy to do the things I used to				
13	I am restless and can't keep still				
14	I feel hopeful about the future				
15	I am more irritable than usual				
16	I find it easy to make decisions				
17	I feel that I am useful and needed				
18	My life is pretty full				
19	I feel that others would be better off if I were dead				
20	I still enjoy the things I used to do				
Score (Please count the tick marks (✓) in each column and write down the result)					