Name_____ Date_____

# DEPRESSION SCALE

**INSTRUCTIONS**

This questionnaire includes questions about symptoms of depression. For each item please indicate how well it describes you during the PAST WEEK, INCLUDING TODAY. Circle the number in the columns next to the item that best describes you.

**RATING GUIDELINES**

**0=not at all true (0 days)**
**1=rarely true (1-2 days)**
**2=sometimes true (3-4 days)**
**3=often true (5-6 days)**
**4=almost always true (every day)**

**During the PAST WEEK, INCLUDING TODAY....**

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. | I felt sad or depressed | 0 | 1 | 2 | 3 | 4 |
| 2. | I was not as interested in my usual activities | 0 | 1 | 2 | 3 | 4 |
| 3. | My appetite was poor and I didn't feel like eating | 0 | 1 | 2 | 3 | 4 |
| 4. | My appetite was much greater than usual | 0 | 1 | 2 | 3 | 4 |
| 5. | I had difficulty sleeping | 0 | 1 | 2 | 3 | 4 |
| 6. | I was sleeping too much | 0 | 1 | 2 | 3 | 4 |
| 7. | I felt very fidgety, making it difficult to sit still | 0 | 1 | 2 | 3 | 4 |
| 8. | I felt physically slowed down, like my body was stuck in mud | 0 | 1 | 2 | 3 | 4 |
| 9. | My energy level was low | 0 | 1 | 2 | 3 | 4 |
| 10. | I felt guilty | 0 | 1 | 2 | 3 | 4 |
| 11. | I thought I was a failure | 0 | 1 | 2 | 3 | 4 |
| 12. | I had problems concentrating | 0 | 1 | 2 | 3 | 4 |
| 13. | I had more difficulties making decisions than usual | 0 | 1 | 2 | 3 | 4 |
| 14. | I wished I was dead | 0 | 1 | 2 | 3 | 4 |
| 15. | I thought about killing myself | 0 | 1 | 2 | 3 | 4 |
| 16. | I thought that the future looked hopeless | 0 | 1 | 2 | 3 | 4 |

17. Overall, how much have symptoms of depression interfered with or caused difficulties in your life during the past week?
    0) not at all
    1) a little bit
    2) a moderate amount
    3) quite a bit
    4) extremely

18. How would you rate your overall quality of life during the past week?
    0) very good, my life could hardly be better
    1) pretty good, most things are going well
    2) the good and bad parts are about equal
    3) pretty bad, most things are going poorly
    4) very bad, my life could hardly be worse

Name:_____ Date:_____

# ANXIETY SCALE

**INSTRUCTIONS:** This scale includes questions about the symptoms of anxiety. For each item please indicate how well it describes you during the PAST WEEK, INCLUDING TODAY. Circle the number in the columns next to the item that best describes you.

0=not at all true 1=rarely true 2=sometimes true 3=often true 4=almost always true

## During the PAST WEEK, INCLUDING TODAY....

1. I felt nervous or anxious ..... 0 1 2 3 4
2. I worried a lot that something bad might happen ..... 0 1 2 3 4
3. I worried too much about things ..... 0 1 2 3 4
4. I was jumpy and easily startled by noises ..... 0 1 2 3 4
5. I felt "keyed up" or "on edge" ..... 0 1 2 3 4
6. I felt scared ..... 0 1 2 3 4
7. I had muscle tension or muscle aches ..... 0 1 2 3 4
8. I felt jittery ..... 0 1 2 3 4
9. I was short of breath ..... 0 1 2 3 4
10. My heart was pounding or racing ..... 0 1 2 3 4
11. I had cold, clammy hands ..... 0 1 2 3 4
12. I had a dry mouth ..... 0 1 2 3 4
13. I was dizzy or lightheaded ..... 0 1 2 3 4
14. I felt sick to my stomach (nauseated) ..... 0 1 2 3 4
15. I had diarrhea ..... 0 1 2 3 4
16. I had hot flashes or chills ..... 0 1 2 3 4
17. I urinated frequently ..... 0 1 2 3 4
18. I felt a lump in my throat ..... 0 1 2 3 4
19. I was sweating ..... 0 1 2 3 4
20. I had tingling feelings in my fingers or feet ..... 0 1 2 3 4

## CUTOFF SCORES ON SCALES

Our data and clinical experience allowed us to derive empirically informed ranges of scores corresponding to a dimensional assessment of depression severity.

| Depression Severity | CUDOS Score Range |
|---|---|
| Nondepressed | 0-10 |
| Minimal Depression | 11-20 |
| Mild Depression | 21-30 |
| Moderate Depression | 31-45 |
| Severe Depression | 46 and above |

| Anxiety Severity | CUXOS Score Range |
|---|---|
| Nonanxious | 0-10 |
| Minimal Anxiety | 11-20 |
| Mild Anxiety | 21-30 |
| Moderate Anxiety | 31-40 |
| Severe Anxiety | 41 and above |