Form Approved
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Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

Zung Self-Rating Depression Scale

Participant ID Number: _____

Start Date: _____/_____/_____ & Time: _____am/pm
Month Day Year HH:MM

Complete Date: _____/_____/_____ & Time: _____am/pm
Month Day Year HH:MM

Zung Self-Rating Depression Scale

The following questions are about how you have felt recently. When answering the questions, please think how you felt the past seven days.

Please mark the appropriate box.

	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 down-hearted, blue, and sad.	❑ 1	❑ 2	❑ 3	❑ 4
2. Morning is when I feel the best.	❑ 1	❑ 2	❑ 3	❑ 4
3. I have crying spells or feel like it.	❑ 1	❑ 2	❑ 3	❑ 4
4. I have trouble sleeping through the night.	❑ 1	❑ 2	❑ 3	❑ 4
5. I eat as much as I used to.	❑ 1	❑ 2	❑ 3	❑ 4
6. I enjoy looking at, talking to, and being with attractive women/men.	❑ 1	❑ 2	❑ 3	❑ 4
7. I notice that I am losing 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 for no reason.	❑ 1	❑ 2	❑ 3	❑ 4
11. My mind is as clear as it used to be.	❑ 1	❑ 2	❑ 3	❑ 4
12. I find it easy to do the things I used to do.	❑ 1	❑ 2	❑ 3	❑ 4
13. I am restless and can't keep still.	❑ 1	❑ 2	❑ 3	❑ 4
14. I feel hopeful 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

The following questions are about how you have felt recently. When answering the questions, please think how you felt the past seven days.

Please mark the appropriate box.

	None or a Little of the Time	Some of the Time	Good Part of the Time	Most or All of the Time
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.	❑ 1	❑ 2	❑ 3	❑ 4