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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.

	<u>None or a Little of the Time</u> ↓	<u>Some of the Time</u> ↓	<u>Good Part of the Time</u> ↓	<u>Most or All of the Time</u> ↓
1. I feel down-hearted, blue, and sad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Morning is when I feel the best.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I have crying spells or feel like it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. I have trouble sleeping through the night.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. I eat as much as I used to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. I enjoy looking at, talking to, and being with attractive women/men.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. I notice that I am losing weight.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. I have trouble with constipation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. My heart beats faster than usual.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. I get tired for no reason.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11. My mind is as clear as it used to be.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12. I find it easy to do the things I used to do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13. I am restless and can't keep still.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14. I feel hopeful about the future.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15. I am more irritable than usual.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16. I find it easy to make decisions.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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.

	<u>None or a Little of the Time</u> ↓	<u>Some of the Time</u> ↓	<u>Good Part of the Time</u> ↓	<u>Most or All of the Time</u> ↓
17. I feel that I am useful and needed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18. My life is pretty full.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19. I feel that others would be better off if I were dead.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20. I still enjoy the things I used to do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4