

**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.*

	BARELY 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:** \_\_\_\_\_