SANTA CRUZ CENTER
FOR HEALTH & WELL-BEING
Caring, innovative health solutions to enhance your life

Depression Anxiety Stress Scales

Patient Name_____ Date_____

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 – ***Did not apply*** to me at all
1 – ***Applied to me to some degree,*** or some of the time
2 – ***Applied to me to a considerable degree,*** or a good part of time
3 – ***Applied to me very much,*** or most of the time

SYMPTOMS		Rating Scale			
1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (e.g., legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (e.g., elevators, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

From: Lovibond, SH and Lovibond PF. (1995) Manual for the Depression Anxiety Stress Scales (2nd Ed.). Sydney: Psychology Foundation

Please turn the page

The rating scale is as follows:

0 – ***Did not apply*** to me at all
1 – ***Applied to me to some degree,*** or some of the time
2 – ***Applied to me to a considerable degree,*** or a good part of time
3 – ***Applied to me very much,*** or most of the time

SYMPTOMS (continued)	Rating Scale
22 I found it hard to wind down	0 1 2 3
23 I had difficulty in swallowing	0 1 2 3
24 I couldn't seem to get any enjoyment out of the things I did	0 1 2 3
25 I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0 1 2 3
26 I felt down-hearted and blue	0 1 2 3
27 I found that I was very irritable	0 1 2 3
28 I felt I was close to panic	0 1 2 3
29 I found it hard to calm down after something upset me	0 1 2 3
30 I feared that I would be "thrown" by some trivial but unfamiliar task	0 1 2 3
31 I was unable to become enthusiastic about anything	0 1 2 3
32 I found it difficult to tolerate interruptions to what I was doing	0 1 2 3
33 I was in a state of nervous tension	0 1 2 3
34 I felt I was pretty worthless	0 1 2 3
35 I was intolerant of anything that kept me from getting on with what I was doing	0 1 2 3
36 I felt terrified	0 1 2 3
37 I could see nothing in the future to be hopeful about	0 1 2 3
38 I felt that life was meaningless	0 1 2 3
39 I found myself getting agitated	0 1 2 3
40 I was worried about situations in which I might panic and make a fool of myself	0 1 2 3
41 I experienced trembling (e.g., in the hands)	0 1 2 3
42 I found it difficult to work up the initiative to do things	0 1 2 3

From: Lovibond, SH and Lovibond PF. (1995) Manual for the Depression Anxiety Stress Scales (2nd Ed.). Sydney: Psychology Foundation