

Modified Zung Depression Index

IW-9

Patient's Name: _____ Date: ____ / ____ / ____

For each item below, please check the column which best describes how often you felt or behaved this way **during the past several days**.

	A little of the time	Some of the time	Good part of the time	Most of the time
1 I feel down hearted and blue.				
2 Morning is when I feel the best.				
3 I have crying spells or feel like it.				
4 I have trouble sleeping at night.				
5 I eat as much as I used to.				
6 I still enjoy sex.				
7 I notice that I am losing weight.				
8 I have trouble with constipation.				
9 My heart beats faster than usual.				
10 I get tired for no reason.				
11 My mind is as clear as it used to be.				
12 I find it easy to do the things I used to.				
13 I am restless and can't keep still.				
14 I feel hopeful about the future.				
15 I am more irritable than usual.				
16 I find it easy to make decisions.				
17 I feel that I am useful and needed.				
18 My life is pretty full.				
19 I feel that others would be better off if I were dead.				
20 I still enjoy the things I used to do.				

Comments: _____

