

DASS 21 (Depression, Anxiety & Stress Scale)

PATIENT'S NAME: _____

DATE: _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. 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

DASS 21

1	I found it hard to wind down (S)	0	1	2	3
2	I was aware of dryness to my mouth (A)	0	1	2	3
3	I couldn't seem to experience any positive feeling at all (D)	0	1	2	3
4	I experienced breathing difficulty (e.g. Excessively rapid breathing, breathlessness in the absence of physical exertion) (A)	0	1	2	3
5	I found it difficult to work up the initiative to do things (D)	0	1	2	3
6	I tended to over-react to situations (S)	0	1	2	3
7	I experienced trembling (e.g. In the hands) (A)	0	1	2	3
8	I felt that I was using a lot of nervous energy (S)	0	1	2	3
9	I was worried with situations in which I might panic and made a fool of myself (A)	0	1	2	3
10	I felt that I had nothing to look forward to (D)	0	1	2	3
11	I found myself getting agitated (S)	0	1	2	3
12	I found it difficult to relax (S)	0	1	2	3
13	I felt down-hearted and blue (D)	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing (S)	0	1	2	3
15	I felt I was close to panic (A)	0	1	2	3
16	I was unable to become enthusiastic about anything (D)	0	1	2	3
17	I felt I wasn't worth much as a person (D)	0	1	2	3
18	I felt that I was rather touchy (S)	0	1	2	3
19	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) (A)	0	1	2	3
20	I felt scared without any good reason (A)	0	1	2	3
21	I felt that life was meaningless (D)	0	1	2	3

Staff to complete: D A S

NOTES:

ASSESSMENT CARRIED OUT BY: _____

Modified from DASS 21