How to Measure Depression in Low-resource Settings Appendix

By Julia Ruiz Pozuelo and Alan Stein

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Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please say whether they have affected you not at all, for several days, more than half the days or nearly every day.

1. Little interest or pleasure in doing things 2. Feeling down depressed or hopeless 3. Trouble falling or staying asleep, or sleeping too much 4. Feeling tired or having little energy 5. Poor appetite or overeating 6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down 7. Trouble concentrating on things, such as reading the newspaper or watching television 8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual 9. Thoughts that you would be better off dead or hurting yourself in some way	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Scoring: Depression Severity: 0-4 none, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe.

Note:

- The following 10th item is often included to decide whether depression is causing decline in social or occupational functioning (an essential DSM criteria): "If you are experiencing any of these problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?". Answer options: Not difficult at all, Somewhat difficult, Very difficult, Extremely difficult.
- **PHQ-8** omits item on suicidality
- **PHQ-9** modified for adolescents (PHQ-A) is the same scale except that item 7 is: "Trouble concentrating on things, such as school work, reading, or watching TV?"

- **PHQ-2** includes items 1 and 2

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Reference: Kroenke K, Spitzer RL, Williams JBW. The PHQ-9: Validity of a brief depression severity measure. J Gen Intern Med. 2001

Revised Child Anxiety and Depression scale (RCADS-25)

Please put a circle around the word that shows how often each of these things happens to you. There are no right or wrong answers.

1. I feel sad or empty 2. I worry when I think I have done poorly at something 3. I would feel afraid of being on my own at home 4. Nothing is much fun anymore 5. I worry that something awful will happen to someone in my family 6. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds) 7. I worry what other people think of me 8. I have trouble sleeping 9. I feel scared if I have to sleep on my own 10. I have problems with my appetite 11. I suddenly become dizzy or faint when there is no reason for this 12. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order) 13. I have no energy for things 14. I suddenly start to tremble or shake when there is no reason for this 15. I cannot think clearly 16. I feel worthless 17. I have to think of special thoughts (like numbers or words) to stop bad things from happening 18. I think about death 19. I feel like I don't want to move 20. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of 21. I am tired a lot 22. I feel afraid that I will make a fool of myself in front of people 23. I have to do some things in just the right way to stop bad things from happening 24. I feel restless 25. I worry that something bad will happen to me	0 = Never 1 = Sometimes 2 = Often 3 = Always

Scoring: Scale yields three scores: Total Anxiety, Total Depression, and Total Anxiety and Depression Link to user guide here.

Note: items highlighted in dark red correspond to the low mood subscale.

Reference: Chorpita BF, Yim L, Moffitt C, Umemoto LA, Francis SE. Assessment of symptoms of DSM-IV anxiety and depression in children: A revised child anxiety and depression scale. Behav Res Ther. 2000

Center for Epidemiological Studies Depression (CESD)

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week

1. I was bothered by things that usually don't bother me 2. I did not feel like eating; my appetite was poor 3. I felt that I could not shake off the blues even with help from my family or friends 4. I felt I was just as good as other people 5. I had trouble keeping my mind on what I was doing 6. I felt depressed 7. I felt that everything I did was an effort 8. I felt hopeful about the future 9. I thought my life had been a failure 10. I felt fearful 11. My sleep was restless 12. I was happy 13. I talked less than usual 14. I felt lonely 15. People were unfriendly 16. I enjoyed life 17. I had crying spells 18. I felt sad 19. I felt that people dislike me 20. I could not "get going"	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or a moderate amount of time (3-4 days) 3 = Most or all of the time (5-7 days)

Scoring: The scoring of positive items (4, 8, 12, 16) should be reversed. The score is the sum of the 20 questions. Possible range is 0-60. If more than four questions are missing answers, do not score the CES-D questionnaire. A score of 16 points or more is considered depressed.

Note: items highlighted in dark red correspond to the short scale (CESD-10).

Reference: Radloff, L.S. (1977). The CED-D scale: A self-report depression scale for research in the general

population. Applied Psychological Measurement, 1, 385-401.

Depression Anxiety Stress Scales (DASS)

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. There are no right or wrong answers. Do not spend too much time on any statement.

1. I found myself getting upset by quite trivial things 2. I was aware of dryness of my mouth 3. I couldn't seem to experience any positive feeling at all 4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) 5. I just couldn't seem to get going 6. I tended to over-react to situations 7. I had a feeling of shakiness (eg, legs going to give way) 8. I found it difficult to relax 9. I found myself in situations that made me so anxious I was most relieved when they ended 10. I felt that I had nothing to look forward to 11. I found myself getting upset rather easily 12. I felt that I was using a lot of nervous energy 13. I felt sad and depressed 14. I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting) 15. I had a feeling of faintness 16. I felt that I had lost interest in just about everything 17. I felt I wasn't worth much as a person 18. I felt that I was rather touchy 19. I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion 20. I felt scared without any good reason 21. I felt that life wasn't worthwhile 22. I found it hard to wind down 23. I had difficulty in swallowing 24. I couldn't seem to get any enjoyment out of the things I did 25. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat) 26. I felt down-hearted and blue 27. I found that I was very irritable 28. I felt I was close to panic 29. I found it hard to calm down after something upset me 30. I feared that I would be "thrown" by some trivial but unfamiliar task	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

31. I was unable to become enthusiastic about anything 32. I found it difficult to tolerate interruptions to what I was doing 33. I was in a state of nervous tension 34. I felt I was pretty worthless 35. I was intolerant of anything that kept me from getting on with what I was doing 36. I felt terrified 37. I could see nothing in the future to be hopeful about 38. I felt that life was meaningless 39. I found myself getting agitated 40. I was worried about situations in which I might panic and make a fool of myself 41. I experienced trembling (e.g., in the hands) 42. I found it difficult to work up the initiative to do things	

Scoring: Refer to DASS web page.

Note:

- Short scale (21-items) can be found here.

Reference: Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2 Ed.)Sydney: Psychology Foundation.