



Patient Name: _____ Date: _____

MODIFIED ZUNG INDEX

Please indicate for each question which answer best described how you have been feeling recently.

	Rarely 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 the time (3-4 days per week)	Most of the time (5-7 days per week)
1. I feel downhearted and sad.	0	1	2	3
2. Mornings are when I feel best.	0	1	2	3
3. I have crying spells or feel like it.	0	1	2	3
4. I have trouble getting to sleep at night.	0	1	2	3
5. I feel that nobody cares.	0	1	2	3
6. I eat as much as I used to.	0	1	2	3
7. I notice I am losing weight.	0	1	2	3
8. I have trouble with constipation.	0	1	2	3
9. My heart beats faster than usual.	0	1	2	3
10. I get tired for no reason.	0	1	2	3
11. My mind is clear as it used to be.	0	1	2	3
12. I tend to wake up too early.	0	1	2	3
13. I find it easy to do the things I used to.	0	1	2	3
14. I am restless and can't keep still.	0	1	2	3
15. I feel hopeful about the future.	0	1	2	3
16. I am more irritable than usual.	0	1	2	3
17. I find it easy to make a decision.	0	1	2	3
18. I feel quite guilty	0	1	2	3
19. I feel that I am useful and needed.	0	1	2	3
20. My life is pretty full.	0	1	2	3
21. I feel that others would be better off if I were dead.	0	1	2	3
22. I am still able to enjoy the things I used to.	0	1	2	3

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Total Score:
 Comments:

Turn over please.

MODIFIED SOMATIC PERCEPTION QUESTIONNAIRE

Please describe how you have felt during the PAST WEEK. Please answer all questions. Do not think too long before answering.

	Not at all	A little, slightly	A great deal, quite a bit	Extremely, could not have been worse
1. Heart rate increase.	0	1	2	3
2. Feeling hot all over.	0	1	2	3
3. Sweating all over.	0	1	2	3
4. Sweating in a particular part of body.	0	1	2	3
5. Pulse in the neck.	0	1	2	3
6. Pounding in head.	0	1	2	3
7. Dizziness.	0	1	2	3
8. Blurring of vision.	0	1	2	3
9. Feeling faint.	0	1	2	3
10. Everything appearing unreal.	0	1	2	3
11. Nausea.	0	1	2	3
12. Butterflies in stomach.	0	1	2	3
13. Pain or ache in stomach.	0	1	2	3
14. Stomach churning.	0	1	2	3
15. Desire to pass water.	0	1	2	3
16. Mouth becoming dry.	0	1	2	3
17. Difficulty swallowing.	0	1	2	3
18. Muscles in neck aching.	0	1	2	3
19. Legs feeling weak.	0	1	2	3
20. Muscles twitching or jumping.	0	1	2	3
21. Tense feeling across forehead.	0	1	2	3
22. Tense feeling in jaw muscles.	0	1	2	3

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