

DEPRESSION MIC

Disease Specific for Depression	
DASS 21	21
K 10	10
Plus core (214) = Overall Total 245	

DASS21 Statements in Questions 6 to 26 applied to you *over the past week*. Please tick the answer that is correct for you

	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
6. I found it hard to wind down				
7. I was aware of dryness of my mouth				
8 I couldn't seem to experience any positive feeling at all				
9 I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)				
10 I found it difficult to work up the initiative to do things				
11 I tended to over-react to situations				
12. I experienced trembling (eg, in the hands)				
13. I felt that I was using a lot of nervous energy				
14. I was worried about situations in which I might panic and make a fool of myself				
15. I felt that I had nothing to look forward to				
16. I found myself getting agitated				
17. I found it difficult to relax				
18. I felt down-hearted and blue				
19 I was intolerant of anything that kept me from getting on with what I was doing				
20 I felt I was close to panic				
21. I was unable to become enthusiastic about anything				
22 I felt I wasn't worth much as a person				
23 I felt that I was rather touchy				
24. 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)				
25. I felt scared without any good reason				
26 I felt that life was meaningless				

K10

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
1 In the past 4 weeks, about how often did you feel tired for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 In the past 4 weeks, about how often did you feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 In the past 4 weeks, about how often did you feel hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 In the past 4 weeks, about how often did you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 In the past 4 weeks, about how often did you feel so restless that you could not sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 In the past 4 weeks, about how often did you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 In the past 4 weeks, about how often did you feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 In the past 4 weeks, about how often did you feel worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>