

Depression, Anxiety, and Stress Scale (DASS-21)

Name: _____

Date: _____

Instructions: Please read each statement and think if each one applies to you **over the past week**. There are four possible ratings for each item, and the numbers mean the following:

- 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 the time
- 3 = applied to me very much or most of the time

Tick the checkbox of the number that applies to you for each item.

Once you submit this to your psychologist/therapist, they will be the ones to calculate the total scores.

#	Statement	0	1	2	3
1 (s)	I found it hard to wind down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 (a)	I was aware of dryness in my mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 (d)	I couldn't seem to experience any positive feeling at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 (d)	I found it difficult to work up the initiative to do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 (s)	I tended to over-react to situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 (a)	I experienced trembling (e.g. in the hands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 (s)	I felt that I was using a lot of nervous energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 (a)	I was worried about situations in which I might panic and make a fool of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 (d)	I felt that I had nothing to look forward to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 (s)	I found myself getting agitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 (s)	I found it difficult to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 (d)	I felt down-hearted and blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 (a)	I felt I was close to panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 (d)	I was unable to become enthusiastic about anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 (d)	I felt I wasn't worth much as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 (s)	I felt that I was rather touchy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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#	Statement	0	1	2	3
19 (a)	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 (a)	I felt scared without any good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 (d)	I felt that life was meaningless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*This part is for your psychologist/therapist.

Depression score (d):

Anxiety score (a):

Stress score (s):

Here are the severity designations per score range for all three:

Level	Depression	Anxiety	Stress
Normal	0 - 9	0 - 7	0 - 14
Mild	10 - 13	8 - 9	15 - 18
Moderate	14 - 20	10 - 14	19 - 25
Severe	21 - 27	14 - 15	26 - 33
Extremely Severe	28+	20+	34+

Notes: