

Montgomery-Åsberg Depression Rating Scale (MADRS)

Client Information

Name: _____ Date: _____

Gender: _____ Birthday: _____

Contact Information

Phone number: _____ Email Address: _____

Address: _____

Instructions

The assessment should be based on a clinical interview that progresses from broadly worded symptoms questions to more specific ones that enable an accurate assessment of severity. The rater must determine if the rating falls between steps (1, 3, 5) or on the defined scale steps (0, 2, 4, 6), and then report the right number.

The evaluations must take into account how the patient has performed throughout the previous week.

1. Apparent sadness

Representing despondency, gloom, and despair (more than just ordinary transient low spirits), reflected in speech, facial expression, and posture. Rate by the depth and inability to brighten up.

- 0 - No sadness.
- 1 -
- 2 - Looks dispirited but does brighten up without difficulty.
- 3 -
- 4 - Appears sad and unhappy most of the time.
- 5 -
- 6 - Looks miserable all the time. Extremely despondent.

2. Reported sadness

Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope.

- 0 - Occasional sadness in keeping with the circumstances.
- 1 -
- 2 - Sad or low but brightens up without difficulty.
- 3 -
- 4 - Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances.
- 5 -
- 6 - Continuous or unvarying sadness, misery or despondency.

3. Inner tension

Representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for.

- 0 - Placid. Only fleeting inner tension.
- 1 -
- 2 - Occasional feelings of edginess and ill-defined discomfort.
- 3 -
- 4 - Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty.
- 5 -
- 6 - Unrelenting dread or anguish. Overwhelming panic.

4. Reduced sleep

Representing the experience of reduced duration or depth of sleep compared to the subject's own normal pattern when well.

- 0 - Sleeps as normal.
- 1 -
- 2 - Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep
- 3 -
- 4 - Moderate stiffness and resistance
- 5 -
- 6 - Sleep reduced or broken by at least 2 hours.

5. Reduced appetite

Representing the feeling of a loss of appetite compared with when-well. Rate by loss of desire for food or the need to force oneself to eat.

- 0 - Normal or increased appetite.
- 1 -
- 2 - Slightly reduced appetite.
- 3 -
- 4 - No appetite. Food is tasteless.
- 5 -
- 6 - Needs persuasion to eat at all.

6. Concentration difficulties

Representing difficulties in collecting one's thoughts mounting to an incapacitating lack of concentration. Rate according to intensity, frequency, and degree of incapacity produced.

- 0 - No difficulties in concentrating.
- 1 -
- 2 - Occasional difficulties in collecting one's thoughts.
- 3 -
- 4 - Difficulties in concentrating and sustaining thought which reduced ability to read or hold a conversation.
- 5 -
- 6 - Unable to read or converse without great difficulty.

7. Lassitude

Representing difficulty in getting started or slowness in initiating and performing everyday activities.

- 0 - Hardly any difficulty in getting started. No sluggishness.
- 1 -
- 2 - Difficulties in starting activities.
- 3 -
- 4 - Difficulties in starting simple routine activities which are carried out with effort.
- 5 -
- 6 - Complete lassitude. Unable to do anything without help.

8. Inability to feel

Representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced.

- 0 - Normal interest in the surroundings and in other people.
- 1 -
- 2 - Reduced ability to enjoy usual interests.
- 3 -
- 4 - Loss of interest in the surroundings. Loss of feelings for friends and acquaintances.
- 5 -
- 6 - The experience of being emotionally paralysed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends.

9. Pessimistic thoughts

Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin.

- 0** - No pessimistic thoughts.
- 1** -
- 2** - Fluctuating ideas of failure, self-reproach or self-depreciation.
- 3** -
- 4** - Persistent self-accusations, or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future.
- 5** -
- 6** - = Delusions of ruin, remorse or irredeemable sin. Self-accusations which are absurd and unshakable.

10. Suicidal thoughts

Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicide attempts should not in themselves influence the rating.

- 0** - Enjoys life or takes it as it comes.
- 1** -
- 2** - Weary of life. Only fleeting suicidal thoughts.
- 3** -
- 4** - Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention.
- 5** -
- 6** - Explicit plans for suicide when there is an opportunity. Active preparations for suicide.

© 1979 The Royal College of Psychiatrists. The Montgomery Åsberg Depression Rating Scale may be photocopied by individual researchers or clinicians for their own use without seeking permission from the publishers. The scale must be copied in full and all copies must acknowledge the following source: Montgomery, S.A. & Åsberg, M. (1979). A new depression scale designed to be sensitive to change. British Journal of Psychiatry, 134, 382-389. Written permission must be obtained from the Royal College of Psychiatrists for copying and distribution to others or for republication (in print, online or by any other medium).