

Zung Self-Rating Depression Scale (SDS)

Assessment Overview

Assessment Area

ICF Domain:

Body Function

Subcategory:

Mental Functions

You Will Need

Length:

< 10 minutes, 20 items

Scoring:

Half the items are worded positively and half are worded negatively on a 4-point scale. Positive items are reverse-scored. The total score (ranges from 20-80) is obtained by summing scores for all individual items. Higher scores indicate increased depressive symptoms.

Summary

The Zung Self-Rating Depression Scale (SDS) is a well-established self-report screening measure of adult depression severity. It has been used in a variety of mental health areas including primary care, psychiatric, drug trials, and related clinical, institutional, and research settings.

- In some clinical applications the Beck Depression Inventory or the PHQ-9 may be preferable as they survey a two-week period and include an item specific to suicidal ideation (this is consistent with DSM-IV criteria for major depression).
- Some items on the Zung SDS may be sensitive to individuals with SCI.
- Easy to administer and score. The positive and negative item wording may be confusing for some individuals.

Availability

Worksheet: Can be found in the appendix of the following article:
<https://pubmed.ncbi.nlm.nih.gov/14221692/>

Languages: English, Arabic, Azerbaijani, Dutch, German, Portuguese, and Spanish

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Error

Not established in SCI

Typical Values

Mean (SD) Scores:

Somatic Subscale: 15.4 (4.1)
Affective Subscale: 21.2 (6.4)
Total Score: 45.7 (11.9)

(Tate et al. 1993; n=162; 128 males, 34 females; tetraplegia and paraplegia; outpatients)

Threshold Values:

Most individuals in need of treatment have scores between 50 and 69. Scores over 70 are rare.

(Carroll et al. 1973; review)

Measurement Properties

Validity – **Moderate** to **High**

High correlation with Medically Based Emotional Distress Scale:

Correlation = 0.71

(Overholser et al. 1993; n=81, 63 males, 18 females; mean (SD) age: 36.41 (14.5) years; 40 quadriplegia, 41 tetraplegia; inpatients and outpatients)

Moderate correlation with the depression subscale of the Brief Symptom Inventory (BSI):

Correlation = 0.52

(Tate et al. 1993; n=162; 128 males, 34 females; tetraplegia and paraplegia; outpatients)

Moderate negative correlation with the WHO Quality of Life Scale

Correlation = -0.48

(Chang et al. 2022; n=249, age range: 18-70 years; outpatients)

Moderate negative correlation with the Community Integration Questionnaire-Revised (CIQ-R)

Correlation = -0.42

(Xie et al. 2023; n=317; mean (SD) age 49.8 (13.3) years; outpatients)

Number of studies reporting validity data: 4

Reliability – **High**

High Internal Consistency:

$\alpha = 0.81$

(Tate et al. 1993; n=162; 128 males, 34 females; tetraplegia and paraplegia; outpatients)

Number of studies reporting reliability data: 1

Responsiveness

Floor/Ceiling Effect:
Not established in SCI

Effect Size:
Not established in SCI

**Number of studies reporting
responsiveness data: 0**