

DAILY RATING SCALE (DRS)

(To be completed at the end of the day)



ID No: _____

Day: _____

Date: _____

Please rate each item for how you felt at your worst today

(Please CIRCLE the number that best reflects how you felt)

1. How depressed did you feel? (eg. low mood, unable to cheer up or be cheered up if something nice happened, lacking motivation and interest, unable to enjoy things)

NOT AT ALL MILDLY MODERATELY MARKEDLY EXTREMELY
0 1 2 3 4 5 6 7 8 9 10

2. How irritable and crabby did you feel? (eg. grumpy, ill humoured, impatient, overreacting to minor annoyances)

NOT AT ALL MILDLY MODERATELY MARKEDLY EXTREMELY
0 1 2 3 4 5 6 7 8 9 10

3. How ruminative and brooding were you about negative things? (eg. blaming yourself and feeling guilty, feeling inadequate and a failure, bothered by unpleasant thoughts, thinking about slights and grudges, feeling something terrible might happen)

NOT AT ALL MILDLY MODERATELY MARKEDLY EXTREMELY
0 1 2 3 4 5 6 7 8 9 10

4. How restless was your sleep last night compared to usual? (eg. having trouble getting to sleep or waking early, waking and not getting back to sleep, having less sleep)

NOT AT ALL MILDLY MODERATELY MARKEDLY EXTREMELY
0 1 2 3 4 5 6 7 8 9 10

5. How difficult was it for you to concentrate on things? (eg. having trouble making decisions, being indecisive – even about small things)

NOT AT ALL MILDLY MODERATELY MARKEDLY EXTREMELY
0 1 2 3 4 5 6 7 8 9 10

6. How anxious did you feel? (eg. tense, apprehensive, insecure)

NOT AT ALL MILDLY MODERATELY MARKEDLY EXTREMELY
0 1 2 3 4 5 6 7 8 9 10