Health-Related Self-Report (HRSR) Scale : The Diagnostic Screening Test for Depression in Thai Population

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Abstract

In this study we introduced a health-related self-report (HRSR) diagnostic scale for detecting depression in Thai population. The scale composed of 20 symptom items including two objective signs (people said I look worried or sad) and previous suicidal attempt both of which were helpful in detecting and confirming depression and suicidal risk. There were 3 positive items (feel well, life is pleasant and meaningful and feel self-worth) which clearly distinguished normal subjects and depressed patients.

The reliability coefficient (Chronbach's α) of the HRSR scale was 0.91 and was found to possess a clear factorial structure and clinical validity. The cut-off score at 30 gave 90.2 per cent specificity and 85.3 per cent sensitivity for major depression. Score ≥ 25 provided higher specify (93.4%) but lower sensitivity (75.1%) and could detect probable cases of depression or other mental illnesses in the community. Thus it can be used as a diagnostic screening instrument.

Depression has been widely recognized as a common serious medical illness in the United States and Western countries[1]. The life prevalence of depression in the general population varies from 17-25 per cent[2]. Depression can be fatal because it may result in suicide although the disease itself is a treatable illness. Approximately 70-80 per cent of depressed patients will overcome their depressive episodes with anti-depressants. Nevertheless, a high rate of recurrence and chronically is often noted.

According to the Royal College of Psy-

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chiatrists of Thailand[3], it is striking to find that the suicide rate among Thai people has risen sharply over 40 per cent during the past few years. More than half of the suicides caused by depression and the rest could be due to impulsive suicidal acts associated with maladjustment or emotionally unstable personality types.

The obvious cognitive change in depressed patients is that they lose their optimism (cognitive triad)[4]. They usually view themselves as a failure or worthless persons (negative self-view) and tend to feel underpressure about their environment. They commonly feel hopeless and can not see the future which often leads to suicidal ideas, or if it's severe enough, the patient could attempt suicide successfully.

Depression-as a symptom, syndrome or disease entity with or without anxiety-is the most frequent of all disorders seen by the general practitioner[5]. It is commonly underdiagnosed and receives inadequate medical attention. Somatic symptoms are the most frequent presenting complaints among Thai depressed patients[6]. Hence, it is not surprising to encounter a substantial number of depressed persons treated in the primary health care system. In comparison with other chronic physical illnesses such as diabetes mellitus, hypertension, arthritis, depressed patients have the lowest physical functioning scores[7]. This disease often disturbs patients' lives as well as being a burden to the families. Frequently the patients are unable to care for their children or even themselves.

Therefore, early recognition and detection of depressed patients is indeed necessary. We, thus, provided health related self-report (HRSR) questionnaires as a diagnostic screening test for depression which is short, easy, practical with adequate reliability and validity for the Thai population in this study (see appendix).

MATERIAL AND METHOD

This study was carried out at 5 medical centers in Bangkok including Chulalongkorn Hospital, Siriraj Hospital, Ramathibodi Hospital, Phramongkutklao Hospital and Child Psychiatric Hospital. A pilot study for developing appropriate items for HRSR-scale as a diagnostic screening test for depression in Thai people was pretested and then conducted for a period of 2 years (1994-1995).

Sampling

Controls were collected from normal people in a community having similar demographic distribution as noted in the patient subjects. Control persons who had a history of nervous breakdown were excluded.

The patients were adolescents and adults (age 15-60). They had to be literate, cooperative and communicative. Severely psychotic cases were not included. They were to complete the questionnaires before being evaluated by experienced psychiatrists. The psychiatric diagnosis followed DSM-IIIR[8] criteria and were divided into four groups.

The first group consisted of patients with general anxiety disorder (GAD) and adjustment disorders with anxiety (Ad/a), and other psychiatric disorders such as hypochondriac, panic, personality disorders, drug addicts, etc.

The second group had mild to moderate symptoms of depression. These included patients diagnosed as dysthymia (previously known as neurotic depression) and adjustment disorders with depressed mood (Ad/d).

The third category was severe or major depression (MD). These patients suffered from episodes of moderate to severe depressed mood lasting longer than two weeks with 4 or 5 more associated symptoms, i.e. poor appetite, sleep difficulty, fatigability, loss of interest or pleasure, poor concentration, indecision, excessive guilt, agitation or retardation, and thought of death or suicide.

The fourth group was schizophrenic patients.

The HRSR scale in this study was modified from 39 most common depressed symptoms in Thai patients described by Lotrakul et al[6]. Only 16 items were selected to represent four symptom areas[9].

The items concerning vegetative symptoms were item 1 (poor appetite or anorexia), item 2 (insomnia or need sleeping pills), item 3 (easily fatigued) and item 4 (feel depressed after wake up or morning worsening).

The motivational symptoms consisted of item 6 (feeling bored, sulk or less talkative), item 8 (want to stay still- don't want to do anything or social withdrawal), item 13 (and unhappy with life).

Four items representing cognitive symptoms were item 4 (worrisome or overconcerned),

item 7 (absent-minded or poor concentration) item 12 (difficulty in making decisions even over a small matter) and item 16 (criticize or blame myself)

Psychological or mood (affective) symptoms were item 9 (feeling sad or depressed), item 11 (tearfulness or want to cry), item 17 (fed up with everything or loss of interest), item 18 (thought of suicide or wishes for death) and item 19 (people said I look worried or sad). Item 19 was considered as an objective sign of depression.

Three positive items were item 5 (feeling well), item 10 (life is pleasant and meaningful) and item 15 (feeling self-worth).

Two direct items concerning the patients' symptoms observed by others were item 19 (people said I look worried or sad) and item 20 (have attempted suicide) were introduced in this questionnaire. The subject was asked to mark each symptom of depression by noting the frequency with which he or she had experienced it during the preceding two weeks.

In addition to the demographic data, we also asked if the subjects had any associated health problem, if yes, they should specify.

Scoring

The scoring system ranged from 0 to 3 as follows :-

0 = never
1 = sometimes (average weekly)
2 = rather frequent (2-3/week)
3 = frequent (everyday or almost everyday)

The 3 positive items (5, 10 and 15), however, were conversely scored. Since the last item had only "yes/no" answer, we thus gave 3 for "yes" and 0 for "no". Hence, the total score in this questionnaire ranged from 0-60. Either the control and depressed subjects spent less than 10 minutes completing the questionnaires.

Data Analysis

All data were computerized and analysed using SPSS/6 for Windows program. Demographic data are expressed either as percentage or mean ± standard deviation (S.D.). Depression scores are expressed as mean ± S.D. and compared among groups by ANOVA or Chi-square tests. We tested the reliability, specificity and sensitivity of this tool. Factor analysis were also done.

RESULTS

Our study included a total of 405 patients and 890 control subjects. Their age ranged from 15 years to 60 years with the mean age of 34 years in both groups. The controls and patients were equivalent in terms of demographic factors of age, education and marital status with no significant differences between the groups. About 43 per cent of the depressed patients had associated health problems such as allergy (21%) chronic headache/migraine (27.3%), peptic ulcer (15%), and backpain (11%) etc, compared with 26 per cent of control (p<0.0001)

Among 405 patients, 105 cases were major depressed subjects; dysthymia, 56 cases; adjustment disorder with depressed mood, 61 cases ; general anxiety disorder, 50 cases ; adjustment disorder with anxiety, 32 cases ; schizophrenia, 50 cases ; and other psychiatric diagnoses, 47 cases (Table 1). Manic patients were excluded from the latter because they were usually nay sayers and yielded false negative results.

The mean depression scores between women and men in either control or patients differed slightly but not significantly. The scores in women were generally higher than men except for schizophrenic patients (Table 1). The mean scores in control and 4 groups of patients are shown in Table 2. MD had the highest mean score while mild to moderate depressed, schizophrenic and anxiety group had gradually lower mean scores. The reliability coefficient (Chronbach'α) of 20 items scale was 0.91. The cut off score at 30 gave 90.2 per cent specificity, 85.3 per cent sensitivity, 57.7 per cent positive predictive value (PPV) and 97.5 per cent negative predictive value (NPV) while cut off score at 25 provided 93.4 per cent specificity, 75.1 per cent sensitivity, 73.4 per cent PPV and 93.9 per cent NPV. Factor analyses was done. The scale was found to possess a clear factorial structure and clinical validity.

Table 3 demonstrates that patients with MD had the highest scores in all 4 symptom areas including affective (or psychological), motivational, vegetative (somatic) and cognitive items, followed by patients with mild to moderate depression, schizophrenia and anxiety group in decreasing frequency.

Table 4 presents the frequency of each symptom item as follows; item 4, worry or overconcern (91.4%), item 6, feeling bored, less talka-

Table 1. **Mean depression scores in controls and patients.**

Subjects		Female	Male	Mean ± SD	ANOVA p value
Control	n=890	13.7 ± 7.28	13 ± 7.47	13.6 ± 7.33	NS
Patients	n=405				
1 Major depression	n=105	40.2 ± 12.56	37.6 ± 10.2	39 ± 11.6	NS
2 Dysthymia	n=56	32.1 ± 8.21	27.9 ± 8	30.4 ± 8.23	NS
3 Ad/d	n=61	28.5 ± 9.47	25.2 ± 8.75	27.5 ± 9.12	NS
4 Ad/a	n=32	20.5 ± 12.67	15.1 ± 7.22	17.4 ± 10.1	NS
5 GAD	n=50	24.8 ± 8.66	19.9 ± 8.09	23.2 ± 8.37	NS
6 Schizophrenia	n=50	22.7 ± 8.82	25.7 ± 11.71	24.4 ± 10.5	NS
7 Panic	n=17	22.2 ± 13.3	21 ± 11.1	21.4 ± 12.78	NS
8 Neurosis	n=3	20.3 ± 2.1	-	20.3 ± 2.1	-
9 Personality disorders	n=8	24.5 ± 16.3	23.2 ± 11.1	23.5 ± 12.1	NS
10 Insomnia	n=6	21.5 ± 24.7	24 ± 7.1	23.2 ± 15.5	NS
11 Hypochondriac	n=6	29 ± 13.44	17.3 ± 2.89	24.5 ± 11.36	NS
12 Addicts	n=5	-	26.2 ± 9.34	26.2 ± 9.34	-
13 Mania	n=4	15 ± 2.83	15.5 ± 14.85	15.3 ± 8.73	NS
14 Others	n=2	25 ± 0	12 ± 0	18.5 ± 9.2	-
Other psychiatric diagnoses*	n=47	23.2 ± 11.3	21.9 ± 9.5	22.7 ± 10.7	0.6423

*   include item 7 to 14 except 4 mania cases
    NS = not significant, Ad/d = adjustment disorders with depressed mood,
    Ad/a = adjustment disorders with anxiety, GAD = generalized anxiety disorders

tive or sulk (80%), item 9, sad or depressed (80.9%), item 7 poor concentration (74.3%), item 14, feel sad after waking up or morning worsening (72.4%), item 2 insomnia or need sleeping pill (72.3%), item 17, fed up with everything or loss of interest (69.5%) item 8, do not want to do anything or social withdrawal (73.4%), item 3, easily fatigued (74.3%) and item 13, unhappy with life (71.4%). These most frequent items were distributed equally in all 4 symptom areas of severely depressed patients. About 60 per cent of MD reported tearfulness or wanted to cry (item 11) as well as criticize or blame myself (57.2%) in the preceding 1 month.

Regarding the positive items including "life is pleasant and meaningful" (item 10) and "feeling self-worth" (item 15), the frequency was highest in control subjects and lowest in severely

depressed patients. However, the frequency of all subjects reporting item 5 (feeling well) was markedly low in all groups of patients. On the other hand, item 18 "have suicidal ideas or wishes for death", item 19 "people said I look worried or sad" and item 20 "have attempted suicide" were the most frequent in severely depressed patients followed by mild to moderately depressed, schizophrenic and anxiety groups respectively.

DISCUSSION

Beginning with the title we preferred the neutral term as "Health Related Self-Report (HRSR) scale since the patients could voluntarily express their distressed feelings. We discarded the title "Depression Rating Scale" because it could be either suggestive or offensive for the patients.

Table 2. Mean depression scores in controls and 4 groups of patients.

Subjects	Female	Male	Mean ± SD	ANOVA p value
Control (n=890)	13.7 ± 7.28	13 ± 7.47	13.6 ± 7.33	0.4161
Anxiety group (n=124) (Ad/a+GAD+Other psychiatric diagnoses)	23.3 ± 10.23	19.2 ± 8.84	21.6 ± 9.82	0.0556
Mild to moderate depression (n=117) (dysthymia+adjustment with depression)	30 ± 9.06	26.7 ± 8.34	28.8 ± 8.76	0.1317
Major depression (n=105)	40.2 ± 12.56	37.6 ± 10.18	39 ± 11.58	0.4129
Schizophrenia (n=50)	22.7 ± 8.82	25.7 ± 11.71	24.4 ± 10.51	0.6271

Table 3. Mean scores ± SD of 4 symptom areas.

Symptoms of Depression	Group of Patients					ANOVA (P value)
	Control (n=890)	Mild to Mod.depres. (n=117)	Major depression (n=105)	Anxiety group (n=129)	Schizophrenia (n=50)	
Vegetative Symptoms (1+2+3+14)	2.4 ± 1.79	5.9 ± 2.59	8 ± 2.9	5 ± 2.76	5 ± 2.58	<0.0001
Affective Symptoms (9+11+17+19)	2.2 ± 1.93	6 ± 2.47	8.2 ± 2.91	4 ± 2.63	4.5 ± 2.87	<0.0001
Motivational Symptoms (6+8+13)	2.2 ± 1.39	4.8 ± 1.94	6.3 ± 2.13	3.3 ± 1.93	3.8 ± 2.37	<0.0001
Cognitive Symptoms (4+7+12+16+18)	3.3 ± 1.98	6.7 ± 2.86	9.6 ± 3.17	5.2 ± 2.9	6.2 ± 3.1	<0.0001

Our pilot study disclosed that single women in particular often avoided questions concerning sexual issues. Furthermore, symptoms of headache and irritability were commonly found in both controls and patients. We, therefore, omitted these items. It should be noted that our study primarily focused on mood (affect) or psychological symptoms of depression which would help to detect depressed persons who might also have underlying physical diseases resulting in fatigue, anorexia or insomnia. On the other hand depressed mood will, of course, aggravate their diseases and disturb their quality of life as well as induce various physical disturbances as we found higher rates of associated illness among depressed patients.

In the current study we followed the CES-D scale guideline[10] by adding 3 positive items (No. 5, 10 and 15) at the interval in order to facilitate patients attention and reliability in answering the questionnaire.

Table 4. Frequency of individual symptoms among control and patients.

Symptom item	Frequency (%) of each symptom					Chi-square
	Control	Mild to mod. depression	Severe depression	Anxiety group	Schizophrenia	p value
	(n=890)	(n=117)	(n=105)	(n=129)	(n=50)	
1 Anorexia	6.7%	28.2%	46.7%	21.7%	20%	<0.0001
2 Insomnia	4.0%	52.2%	72.3%	45.7%	38%	<0.0001
3 Easily fatigue/tired	18.1%	56.4%	74.3%	49.6%	40%	<0.0001
4 Worried/overconcern	23.6%	82.1%	91.4%	65.1%	64%	<0.0001
5 Feel well/cheerful**	63.6%	12.0%	17.2%	31.0%	22%	<0.0001
6 Feeling bored/sulk	6.9%	52.2%	80.0%	24.0%	34%	<0.0001
7 Poor concentration	8.0%	38.5%	74.3%	34.0%	30%	<0.0001
8 Social withdrawal/ Don't want to do anything	11.4%	38.4%	73.4%	21.7%	32%	<0.0001
9 Feeling low/depressed	5.9%	58.2%	80.9%	28.7%	38%	<0.0001
10 Life is pleasant/meaningful**	79.3%	61.3%	24.8%	62.0%	56%	<0.0001
11 Tearful/want to cry	5.2%	35.9%	60.9%	18.6%	20%	<0.0001
12 Indecisiveness	3.5%	23.9%	49.5%	19.6%	24%	<0.0001
13 Unhappy with life	2.8%	47.8%	71.4%	26.4%	40%	<0.0001
14 Morning sadness	4.5%	38.5%	72.4%	21.8%	30%	<0.0001
15 Feel self-worth**	77.0%	44.4%	28.5%	57.3%	40%	<0.0001
16 Self-criticism/self-blame	8.4%	35.1%	57.2%	21.7%	32%	<0.0001
17 Loss of interest/fed-up	4.3%	40.1%	69.5%	16.3%	20%	<0.0001
18 Suicidal thought	0.7%	15.4%	40.9%	4.6%	10%	<0.0001
19 Looked worried,serious/sad	4.5%	42.7%	70.5%	28.7%	36%	<0.0001
20 Suicidal attempt	0.0%	21.4%	29.5%	10.1%	10%	<0.0001

**   positive symptoms (patients must tick 0 or 1)

    <u>Note</u>   a) positive or presence of symptoms is counted in patients answering "Frequent" or "Rather frequent"

        b) % => percentage of patients in individual groups

Our results clearly revealed that the mean scores of depressed patients were in accordance with their severity of depression. Subjects with severe depression had the highest mean scores of 39.0±11.58. Those with mild to moderate depression had 28.8±8.76, and those who were classified as the anxiety group had 21.6±9.82 whereas the control had only 13.6±7.33.

The cut-off score of 30 gave high specificity (90.2%) and sensitivity (85.3%) for MD while cut-off score at 25 yielded higher specificity (93.4%) but lower sensitivity (75%). The mean scores between men and women differed slightly.

Regarding the 4 symptom areas, (Table 3) depressed subjects showed significantly higher mean scores than the control (p<0.001). In general, patients with MD exhibited a greater number of symptoms than those with dysthymia[9].

Referring to individual symptom items (Table 4), insomnia or needing sleeping pills was found in only 4 per cent of the controls, but was noted in increasing frequency in mild to moderate (52.2%) and severe (72.3%) depressed patients. Eaton et al[11] reported that sleep problems particularly insomnia and thoughts of or wishes for death would identify 47 per cent and 41 per cent

respectively of the new cases (the precursor attributable risk) of MD occurring in the following year.

It is interesting to find that the morning sadness (morning worsening) which is a vegetative or endogenous sign (diurnal mood) was surprisingly common (72.4%) among our severely depressed patients. This finding differs from the series reported by Lotrakul et al[6] who found less than 25 per cent. The thoughts of or wishes for death were relatively low (15.4-40.9%) in our subjects. By contrast it has been reported to be as high as 75 per cent in depressed patients[12]. Nevertheless, 29.5 per cent of MD in this study admitted having attempted suicide and 70.5 per cent of them reported having an objective sign (people said I look worried or sad). These two items are important and informative in indicating the seriousness of depression and suicidal risk[12]. Thus, they are useful items to add in this HRSR scale and appear unique in our experience. The item "have attempted suicide" is also helpful in detecting cases with high suicidal risk or cases with moderate to severe depression. It used to be a myth that this kind of question might induce patients to the suicidal act. It is actually compulsory to explore gently and empathically about the patient's worry or dysphoric mood and possible suicide idea (usually 75%) while doing the mental state examination. Physicians are often reluctant to ask about the patient's feelings and their suicidal ideas while patients are surprisingly quite open about their feelings when being asked despite visiting for their presenting somatic complaints[6].

All 3 positive items clearly distinguish between the control and severely depressed patients. It should be noted that the items on "life is pleasant and meaningful" and "feel self worth" showed the lowest frequency in severe depression while the item "feel well" was very low in frequency in all 4 groups of patients.

Depressed symptoms are about equally prevalent across the life cycle and the majority of patients in the community are mildly to moderately depressed[12]. Their symptoms are usually subjective and may not be recognized by friends or relatives. These patients, thus often seek medical attention from general practitioners for various physical complaints. Rief et al[13] found high comorbidity rates not only for affective disorders (lifetime 86%) but also for anxiety disorders (lifetime 43%) among patients with multiple somatic symptoms. According to Sherbourne et al[14] and Akiskal[15], mild or subthreshold depression is a type of mood disorder and various types of depression are indeed a spectrum disorder which could link or lapse into each other. Furthermore, Keller et al[9] found that finally 91 per cent of the depressed subjects met the criteria for current or lifetime of MD or dysthymia, they also emphasized that cognitive and social/motivational symptoms were unlikely to sharpen the distinction between these two disorders. Our study confirms this view.

Based on these data, we consider that patients with HRSR score of 25 or over could be a probable case of depression although they may have other comorbid mental disorders such as anxiety disorders, somatizations and schizophrenias, etc or they are simply a subtype of depression. However, the cut off score of 30 will give high specificity and sensitivity for major depression. These patients will certainly benefit from early detection, psychological intervention or antidepressant administration. Our HRSR Scale possesses a clear factorial structure and good clinical validity and reliability to be used as a diagnostic screening instrument for detecting depression and other mental illness in Thai people. It can also be used as an interview questionnaire as CES-D and will certainly be useful to Thai patients, paraprofessionals, physicians and psychiatrists, as well.

Hospital...

Health Related Questionaires

Age................year   Sex ❑ Male ❑ Female   Education................................
Marital Status ❑ Single ❑ Married ❑ Widowed ❑ Divorced/Separated Career......................
Have you ever been diagnosed a disease/health-related problem   ❑ Yes ❑ No
(if yes please identify)...

Please check ✔ in front of the items most correspond to your Health or
feelings on behaviors during these two week periods.
(Frequent=almost everyday, Rather Frequent=2-3/week, sometimes=average weekly)

1. Poor appetite/anorexia	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
2. Cannot sleep or need sleeping pills.	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
3. Easily fatigue or low energy	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
4. Worry or overconcern	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
5. Feel well	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
6. Feel bored or sulk (less talkative)	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
7. Poor concentration	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
8. Don't want to do anything or social withdrawal	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
9. Feel sad, depressed	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
10. Life is pleasant, meaningful	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
11. Tearfulness or want to cry	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
12. Difficulty in making decision	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
13. Unhappy with life	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
14. Morning sadness (after wake up)	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
15. Feel self-worth	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
16. Criticize or blame myself	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
17. Loss of interest, fed up with everything	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
18. Have suicidal idea or wishes for death	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
19. People said I look worried or sad	❑ Frequent	❑ Rather Frequent	❑ Sometimes	❑ Never
20. Have attempted suicide	❑ Yes	❑ No		

Total Score....................................

โรงพยาบาล.............................

แบบสอบถามปัญหาสุขภาพ

อายุ.............ปี   เพศ ❑ ชาย   ❑ หญิง   การศึกษา...................................

สถานภาพสมรส ❑ โสด ❑ แต่งงาน ❑ หม้าย ❑ หย่า/แยกทาง อาชีพ........................

คุณมีปัญหาสุขภาพ/โรคประจำตัวหรือไม่ ❑ ไม่มี ❑ มี อาการหรือโรค (ระบุ).........................

กรุณาขีด ✔ หน้าข้อที่ตรงกับสุขภาพหรือความรู้สึกของคุณ ในช่วง 2 สัปดาห์นี้

(บ่อยๆ=เกือบทุกวัน, ค่อนข้างบ่อย=2–3วัน/สัปดาห์, บางครั้ง=น้อยกว่าสัปดาห์ละครั้ง)

1. รู้สึกเบื่ออาหาร	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
2. นอนไม่หลับหรือต้องใช้ยาช่วยให้หลับ	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
3. รู้สึกอ่อนเพลีย เหนื่อยง่าย	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
4. คิดมาก กังวล	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
5. รู้สึกสบายใจ	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
6. รู้สึกเบื่อ ไม่อยากพูดคุย	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
7. ใจลอย ไม่มีสมาธิ	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
8. อยากอยู่เฉยๆไม่อยากทำอะไร	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
9. รู้สึกเศร้า หดหู่ใจ	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
10. ชีวิตอนาคตยังน่าอยู่ มีความหมาย	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
11. ร้องไห้ หรืออยากร้องไห้	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
12. ตัดสินใจไม่ได้แม้เรื่องเล็กๆน้อยๆ	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
13. ชีวิตไม่มีความสุข	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
14. รู้สึกเศร้าซึมเมื่อตื่นนอนตอนเช้า	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
15. รู้สึกตัวเองมีคุณค่า	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
16. ตำหนิหรือกล่าวโทษตนเอง	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
17. เบื่อหน่ายเกือบทุกอย่างแม้ในสิ่งที่เคยชอบ	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
18. คิดอยากตาย	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
19. คนอื่นทักว่าคุณดูเครียด ซึมหรือหมองคล้ำ	❑ บ่อยๆ	❑ ค่อนข้างบ่อย	❑ บางครั้ง	❑ ไม่เลย
20. พยายามฆ่าตัวตาย	❑ เคย	❑ ไม่เคย		

รวมคะแนน ....

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แบบสอบถามปัญหาสุขภาพ แบบวัดด้วยตนเองเพื่อตรวจวัดหาโรคซึมเศร้าในประชากรไทย

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     คณะผู้วิจัยได้สร้างแบบสอบถามเพื่อตรวจวัดหาโรคซึมเศร้าในประชากรไทย ประกอบด้วย 20 คำถามเกี่ยวกับอาการรวมทั้งคำถามว่าถูกคนอื่นทักว่าดูเครียดซึม และพยายามฆ่าตัวตาย ซึ่งช่วยมากในการบอกถึงภาวะซึมเศร้าและการเสี่ยงสูงต่อการฆ่าตัวตาย แบบสอบถามยังมีข้อความด้านบวก 3 ข้อ (รู้สึกสบายใจ, ชีวิตอนาคตยังน่าอยู่มีความหมาย และรู้สึกตัวเองมีคุณค่า) ซึ่งแยกบุคคลทั่วไปและผู้ป่วยซึมเศร้าได้อย่างชัดเจน

     The reliability coefficient (Cronbach's α) ของสเกลนี้คือ 0.91 ใช้คะแนนตัดที่ 30 จะได้ 90.2% specificity และ 85.3% sensitivity สำหรับ major depression คะแนนตัดที่ 25 จะได้ specificity สูงขึ้น (93.4%) แต่ sensitivity ลดลง (75.1%) แต่สามารถใช้บ่งถึงผู้ป่วยที่น่าจะมีภาวะซึมเศร้าหรือโรคทางจิตอย่างอื่นได้ ดังนั้นแบบสอบถามนี้สามารถนำไปใช้เป็นเครื่องมือตรวจหาภาวะหรือโรคซึมเศร้าได้

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