



# INTEGRATIVE PAIN SCIENCE INSTITUTE

Brief Assessments  
&  
Validated Self-Report Tools

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# Brief Assessments

How Healthy Is Your Diet?

Pain Biology Questionnaire

Pain and Sleep Questionnaire Brief

Psychosocial Screen: ACT-UP Pain and

Movement Questionnaire Ten Step

Recovery Questionnaire



## How Healthy Is Your Diet?

Circle your answers after careful thought, then add up your points (numbers in parentheses).

1. How many fruits do you normally eat each day (1/2 cup fresh or dried fruit, 1 medium piece, 1 cup unsweetened juice)?
  - A. 0 (-2)
  - B. 1 (0)
  - C. 2 to 3 (+2)
  - D. 4 or more (+3)(score) \_\_\_\_\_
  
2. How many vegetable servings do you normally eat each day (1 cup leafy greens, 1/2 cup any other veggie, raw or cooked)?
  - A. 0 (-4)
  - B. 1 (0)
  - C. 2 (+1)
  - D. 3 (+2)
  - E. 4 or more (+3)(score) \_\_\_\_\_
  
3. How many different varieties of vegetables do you eat in a normal month?
  - A. 2 or less (-4)
  - B. 3 to 4 (0)
  - C. 5 to 6 (+1)
  - D. 7 to 8 (+3)
  - E. 9 or more (+4)(score) \_\_\_\_\_
  
4. How many times do you eat dried beans or peas (legumes, lentils, chickpeas, kidney beans, green peas, etc.) in a normal week?
  - A. 0 (-2)
  - B. 1 to 2 (0)
  - C. 3 to 4 (+1)
  - D. 5 to 6 (+2)
  - E. 7 or more (+3)(score) \_\_\_\_\_
  
5. How many times do you eat red meat in a normal week?
  - A. 6 or more (-4)
  - B. 4 to 5 (-3)
  - C. 1 to 3 (-1)
  - D. Less than once a week (+2)
  - E. 0 (+3)(score) \_\_\_\_\_
  
6. How many times do you eat in a fast food restaurant in a normal week?
  - A. 6 or more (-5)
  - B. 4 to 5 (-4)
  - C. 1 to 3 (-3)
  - D. Less than once a week (-2)
  - E. 0 (0)(score) \_\_\_\_\_



7. In a typical day, what do you drink most often?  
 A. Soda (regular or diet) (-4)  
 B. Caffeinated coffee or tea (-1)  
 C. Decaffeinated coffee or tea (0)  
 D. Milk or fruit juice (0)  
 E. Herbal tea or water (+3) (score) \_\_\_\_\_
8. How many 12 oz. cans of soda do you drink in a normal day?  
 A. 6 or more (-5)  
 B. 4 to 5 (-4)  
 C. 2 to 3 (-3)  
 D. 1 (-2)  
 E. Less than 1 (-1)  
 F. 0 (0) (score) \_\_\_\_\_
9. How often do you eat fish in a typical week?  
 A. Never (-2)  
 B. Once (+1)  
 C. Twice (+2)  
 D. 3 to 5 times (+3) (score) \_\_\_\_\_
10. In a typical week, how often do you eat whole grains  
 (100% whole grain bread, whole oats, brown rice, quinoa, whole rye crackers)?  
 A. Never (-3)  
 B. 1 to 2 times a week (-1)  
 C. 3 to 4 times a week (0)  
 D. 5 to 6 times a week (+1)  
 E. 1 or more times a day (+3) (score) \_\_\_\_\_
11. How often do you eat sweets such as cookies, cakes, or ice cream?  
 A. 1 or more times a day (-3)  
 B. Every other day (-2)  
 C. Twice a week (-1)  
 D. Once a week (0)  
 E. 2 to 3 times a month (+1)  
 F. Rarely (+3) (score) \_\_\_\_\_

**Your Total Score** \_\_\_\_\_

### Scoring:

22–28 – Great eating habits

17–21 – Pretty good eating habits

10–16 – Needs some improvement

9 or less – Needs much improvement; try to change one habit at a time



### Pain Biology Questionnaire

1. Does pain always indicate tissue damage? Yes / No
2. Does chronic pain mean an injury hasn't healed properly? Yes / No
3. Does pain always indicate a physical injury? Yes / No

### Pain and Sleep Questionnaire

Thinking back over the last week, how has pain affected your sleep?

For each of the following questions, place a slash (/) through the line at the point you feel applies to you.

1. How often have you had trouble falling asleep because of pain?  
NEVER-----ALWAYS
2. How often have you been awakened by pain during the night?  
NEVER-----ALWAYS
3. How often have you been awakened by pain in the morning?  
NEVER-----ALWAYS

### Brief Psychosocial Screen: ACT-UP

1. **A**ctivities: How is your pain affecting your life (i.e. sleep, appetite, physical activities, relationships?)
2. **C**oping: How do you deal/cope with your pain (what makes it better/worse?)
3. **T**hink: Do you think your pain will ever get better?
4. **U**pset: Have you been feeling worried (anxious)/depressed (down, blue)?
5. **P**eople: How do people respond when you have pain?



### Pain and Movement

Movement is essential for a healthy life and is necessary to cope with pain. You should be able to move well into your advanced years, enjoy a physically active life, and complete basic activities of daily living. The pain and movement assessment is a general measure of your physical ability.

Answer each question with never (0), seldom (1), sometimes (2), or often (3).

1. Pain prevents me from walking more than a 1/4 mile. \_\_\_\_\_
  2. I worry all the time about the pain. \_\_\_\_\_
  3. The pain prevents me from sitting for more than an hour. \_\_\_\_\_
  4. The pain prevents me from exercising, the gym, or fitness. \_\_\_\_\_
  5. The pain interferes with my ability to sleep. \_\_\_\_\_
  6. The pain interferes with my ability to bend and lift objects from the floor. \_\_\_\_\_
  7. The pain prevents me from participating in social activities with friends. \_\_\_\_\_
  8. The pain prevents me from standing for more than 30 minutes. \_\_\_\_\_
  9. During conversation, I zone out and can't concentrate due to pain. \_\_\_\_\_
  10. I rely on pain relief pills to live my daily life. \_\_\_\_\_
  11. When I am under stress, my pain increases. \_\_\_\_\_
  12. The pain interferes with my ability to do basic daily activities. \_\_\_\_\_
  13. The pain has caused me to gain weight due to inactivity. \_\_\_\_\_
  14. I have noticed a correlation with my weight and the frequency of my pain. \_\_\_\_\_
  15. I've had chronic pain for years, and it hasn't improved. \_\_\_\_\_
- Total: \_\_\_\_\_

#### What Your Score Means:

**21 & Above:** Persistent pain is affecting your daily activities and quality of life. A full musculoskeletal evaluation recommended along with a prescriptive exercise program.

**10-20:** You display some symptoms of persistent pain and would benefit from a movement and activity program to manage your pain.

**Below 10:** While you show few symptoms, implementing a few new exercises or movement into your life will improve your health.



### Ten Step Recovery Questionnaire

Score 1 for a yes answer and 0 for a no answer.

1. Do you sleep less than five hours each night? \_\_\_\_\_
  2. Do you eat a whole foods diet 90 percent of the time free from processed foods? \_\_\_\_\_
  3. Do you currently exercise less than twice per week? \_\_\_\_\_
  4. Do you currently struggle with depression or anxiety? \_\_\_\_\_
  5. Have you had more than two surgeries to address a painful joint? \_\_\_\_\_
  6. Do you have an autoimmune disease? \_\_\_\_\_
  7. Would you rate your stress level as moderate to high? \_\_\_\_\_
  8. Are you currently overweight/obese? Note BMI. \_\_\_\_\_
  9. Do you lack social support to help with your recovery? \_\_\_\_\_
  10. Do you rely on pain medication to decrease your pain? \_\_\_\_\_
- Total \_\_\_\_\_

#### What Your Score Means:

**7 & Above:** Pain care and self-care should be a priority for optimizing your health. Ask your practitioner to guide and help you in areas that are lacking or where you need further education and information

**4-6:** Some change is necessary to prevent further health problems. Ask your practitioner to guide and help you in areas that are lacking or where you need further education and information.

**1-3:** Congratulations, you have a grasp on some of the essential habits to live a life free from persistent pain. With just a few more positive lifestyle changes, you will be on your way to living a healthy life and be a positive role model for friends and family.



# Validated Self-Report Tools

Chronic Pain Acceptance Questionnaire  
(CPAQ-8)

Tampa Scale for Kinesiophobia

Revised Neurophysiology of Pain Questionnaire

Pittsburgh Sleep Quality Index (PSQI)

Questionnaire of Mediterranean Diet Adherence

Depression, Anxiety and Stress Scale



### *Chronic Pain Acceptance Questionnaire 8 (CPAQ-8)*

Directions: Below you will find a list of statements. Please rate the truth of each statement as it applies to you by circling a number. Use the following rating scale to make your choices. For instance, if you believe a statement is “Always True”, you would circle the 6 next to that statement.

<b>Never true</b>	<b>Very rarely true</b>	<b>Seldom true</b>	<b>Sometimes true</b>	<b>Often true</b>	<b>Almost always true</b>	<b>Always true</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

<b>1.</b>	<b>I am getting on with the business of living no matter what my level of pain is</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>2.</b>	<b>Keeping my pain level under control takes first priority whenever I am doing something</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>3.</b>	<b>Although things have changed, I am living a normal life despite my chronic pain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>4.</b>	<b>Before I can make any serious plans, I have to get some control over my pain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>5.</b>	<b>I lead a full life even though I have chronic pain</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>6.</b>	<b>When my pain increases, I can still take care of my responsibilities</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7.</b>	<b>I avoid putting myself in situations where my pain might increase</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>8.</b>	<b>My worries and fears about what pain will do to me are true</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

**Note:**

Pain Willingness scale = Items 2,4,7 and 8 (reverse scored), Activity Engagement scale = Items 1, 3, 5 and 6  
 Total = Activity Engagement + Pain Willingness

**Reference:**

Fish, R., McGuire, B.E., Hogan, M., Stewart, I. & Morrison, T. (2010). Validation of the Chronic Pain Acceptance Questionnaire (CPAQ) in an Internet sample and development and preliminary validation of the CPAQ-8. *Pain*, 149, 435-443.

# Tampa Scale for Kinesiophobia

1 = strongly disagree

2 = disagree

3 = agree

4 = strongly agree

1. I'm afraid that I might injury myself if I exercise	1	2	3	4
2. If I were to try to overcome it, my pain would increase	1	2	3	4
3. My body is telling me I have something dangerously wrong	1	2	3	4
4. My pain would probably be relieved if I were to exercise	1	2	3	4
5. People aren't taking my medical condition seriously enough	1	2	3	4
6. My accident has put my body at risk for the rest of my life	1	2	3	4
7. Pain always means I have injured my body	1	2	3	4
8. Just because something aggravates my pain does not mean it is dangerous	1	2	3	4
9. I am afraid that I might injure myself accidentally	1	2	3	4
10. Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening	1	2	3	4
11. I wouldn't have this much pain if there weren't something potentially dangerous going on in my body	1	2	3	4
12. Although my condition is painful, I would be better off if I were physically active	1	2	3	4
13. Pain lets me know when to stop exercising so that I don't injure myself	1	2	3	4
14. It's really not safe for a person with a condition like mine to be physically active	1	2	3	4
15. I can't do all the things normal people do because it's too easy for me to get injured	1	2	3	4
16. Even though something is causing me a lot of pain, I don't think it's actually dangerous	1	2	3	4
17. No one should have to exercise when he/she is in pain	1	2	3	4

## Scoring Information:

A total score is calculated after inversion of the individual scores of items 4, 8, 12 and 16.

### Reference:

*Pain*, Fear of movement/(re) injury in chronic low back pain and its relation to behavioral performance, 62, Vlaeyen, J., Kole-Snijders A., Boeren R., van Eek H., 371.

## Revised Neurophysiology of Pain Questionnaire

T F U

1	It is possible to have pain and not know about it.			
2	When part of your body is injured, special pain receptors convey the pain message to your brain.			
3	Pain only occurs when you are injured or at risk of being injured.			
4	When you are injured, special receptors convey the danger message to your spinal cord.			
5	Special nerves in your spinal cord convey 'danger' messages to your brain.			
6	Nerves adapt by increasing their resting level of excitement.			
7	Chronic pain means that an injury hasn't healed properly.			
8	The body tells the brain when it is in pain.			
9	Nerves adapt by making ion channels stay open longer.			
10	Descending neurons are always inhibitory.			
11	Pain occurs whenever you are injured.			
12	When you injure yourself, the environment that you are in will not affect the amount of pain you experience, as long as the injury is exactly the same.			
13	The brain decides when you will experience pain.			

## Answers

Item		T	F	U
1	It is possible to have pain and not know about it.		#	
2	When part of your body is injured, special pain receptors convey the pain message to your brain.		#	
3	Pain only occurs when you are injured or at risk of being injured.		#	
4	Special nerves in your spinal cord convey 'danger' messages to your brain.	#		
5	When you are injured, special receptors convey the danger message to your spinal cord.	#		
6	Nerves adapt by increasing their resting level of excitement.	#		
7	Chronic pain means that an injury hasn't healed properly.		#	
8	The body tells the brain when it is in pain.		#	
9	Nerves adapt by making ion channels stay open longer.	#		
10	Descending neurons are always inhibitory.		#	
11	Pain occurs whenever you are injured.		#	
12	When you injure yourself, the environment that you are in will not affect the amount of pain you experience, as long as the injury is exactly the same.		#	
13	The brain decides when you will experience pain.	#		

### Reference:

Catley MJ, O'Connell NE, Mosely GL, "How Good is the Neurophysiology of Pain Questionnaire? A Rasch analysis of psychometric properties." *Journal of Pain*, 2013; 14(8): 818-827

## Pittsburgh Sleep Quality Index (PSQI)

Instructions: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. **Please answer all questions.**

1. During the past month, what time have you usually gone to bed at night? \_\_\_\_\_
2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? \_\_\_\_\_
3. During the past month, what time have you usually gotten up in the morning? \_\_\_\_\_
4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) \_\_\_\_\_

5. During the <u>past month</u> , how often have you had trouble sleeping because you...	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes				
b. Wake up in the middle of the night or early morning				
c. Have to get up to use the bathroom				
d. Cannot breathe comfortably				
e. Cough or snore loudly				
f. Feel too cold				
g. Feel too hot				
h. Have bad dreams				
i. Have pain				
j. Other reason(s), please describe:				
6. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?				
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
	No problem at all	Only a very slight problem	Somewhat of a problem	A very big problem
8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?				
	Very good	Fairly good	Fairly bad	Very bad
9. During the past month, how would you rate your sleep quality overall?				

	No bed partner or room mate	Partner/room mate in other room	Partner in same room but not same bed	Partner in same bed
10. Do you have a bed partner or room mate?				
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
If you have a room mate or bed partner, ask him/her how often in the past month you have had:				
a. Loud snoring				
b. Long pauses between breaths while asleep				
c. Legs twitching or jerking while you sleep				
d. Episodes of disorientation or confusion during sleep				
e. Other restlessness while you sleep, please describe:				

## Scoring the PSQI

The order of the PSQI items has been modified from the original order in order to fit the first 9 items (which are the only items that contribute to the total score) on a single page. Item 10, which is the second page of the scale, does not contribute to the PSQI score.

In scoring the PSQI, seven component scores are derived, each scored 0 (no difficulty) to 3 (severe difficulty). The component scores are summed to produce a global score (range 0 to 21). Higher scores indicate worse sleep quality.

### Component 1: Subjective sleep quality—question 9

Response to Q9	Component 1 score
Very good	0
Fairly good	1
Fairly bad	2
Very bad	3

Component 1 score: \_\_\_\_\_

### Component 2: Sleep latency—questions 2 and 5a

Response to Q2	Component 2/Q2 subscore
≤ 15 minutes	0
16-30 minutes	1
31-60 minutes	2
> 60 minutes	3

Response to Q5a	Component 2/Q5a subscore
Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times a week	3

Sum of Q2 and Q5a subscores	Component 2 score
0	0
1-2	1
3-4	2
5-6	3

Component 2 score: \_\_\_\_\_

### Component 3: Sleep duration—question 4

Response to Q4	Component 3 score
> 7 hours	0
6-7 hours	1
5-6 hours	2
< 5 hours	3

Component 3 score: \_\_\_\_\_

### Component 4: Sleep efficiency—questions 1, 3, and 4

Sleep efficiency = (# hours slept/# hours in bed) X 100%

# hours slept—question 4

# hours in bed—calculated from responses to questions 1 and 3

Sleep efficiency	Component 4 score
> 85%	0
75-84%	1
65-74%	2
< 65%	3

Component 4 score: \_\_\_\_\_

**Component 5: Sleep disturbance—questions 5b-5j**

Questions 5b to 5j should be scored as follows:

Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times a week	3

<u>Sum of 5b to 5j scores</u>	<u>Component 5 score</u>
0	0
1-9	1
10-18	2
19-27	3

Component 5 score: \_\_\_\_\_

**Component 6: Use of sleep medication—question 6**

<u>Response to Q6</u>	<u>Component 6 score</u>
Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times a week	3

Component 6 score: \_\_\_\_\_

**Component 7: Daytime dysfunction—questions 7 and 8**

<u>Response to Q7</u>	<u>Component 7/Q7 subscore</u>
Not during past month	0
Less than once a week	1
Once or twice a week	2
Three or more times a week	3

<u>Response to Q8</u>	<u>Component 7/Q8 subscore</u>
No problem at all	0
Only a very slight problem	1
Somewhat of a problem	2
A very big problem	3

<u>Sum of Q7 and Q8 subscores</u>	<u>Component 7 score</u>
0	0
1-2	1
3-4	2
5-6	3

Component 7 score: \_\_\_\_\_

**Global PSQI Score:** Sum of seven component scores: \_\_\_\_\_

**Reference:**

Buysse, DJ, Reynolds CF, Monk TH, Berman SR, Kupfer DJ: The Pittsburgh Sleep Quality Index (PSQI): A new instrument for psychiatric research and practice. *Psychiatry Research* 28:193-213, 1989



## Questionnaire of Mediterranean Diet Adherence

Question	Criteria for 1 Point	Check if True
1. Do you use olive oil as main culinary fat?	Yes	<input type="checkbox"/>
2. How much olive oil do you consume in a given day? (including oil used for frying, salads, out-of-house meals, etc.)	≥4 tbsp	<input type="checkbox"/>
3. How many vegetable servings do you consume in a day? (1 serving: 200 g [consider side dishes as a half serving])	≥2 (≥1 portion raw or as a salad)	<input type="checkbox"/>
4. How many fruit units [servings] (including natural fruit juices) do you consume per day?	≥3	<input type="checkbox"/>
5. How many servings of red meat, hamburger, or meat products (ham, sausage, etc.) do you consume per day? (1 serving: 100-150 g)	<1	<input type="checkbox"/>
6. How many servings of butter, margarine or cream do you consume per day? (1 serving: 12 g)	<1	<input type="checkbox"/>
7. How many sweet or carbonated beverages do you drink per day?	<1	<input type="checkbox"/>
8. How much wine do you drink per week?	≥7 glasses	<input type="checkbox"/>
9. How many servings of legumes do you consume per week?	≥3	<input type="checkbox"/>
10. How many servings of fish or shellfish do you consume per week? (1 serving: 100-150 g of fish / 4-5 units or 200 g of shellfish)	≥3	<input type="checkbox"/>
11. How many times per week do you consume commercial (not homemade) sweets or pastries such as cakes, cookies, biscuits or custard?	<3	<input type="checkbox"/>
12. How many servings of nuts (including peanuts) do you consume per week? (1 serving: 30 g)	≥3	<input type="checkbox"/>
13. Do you preferentially consume chicken, turkey or rabbit meat instead of veal, pork, hamburgers or sausage?	Yes	<input type="checkbox"/>
14. How many times per week do you consume vegetables, pasta, rice or other dishes seasoned with sofrito (sauce made with tomato and onion, leek or garlic simmered with olive oil)?	≥2	<input type="checkbox"/>

**Total:** \_\_\_\_\_

Relative risk for nearly every chronic disease is lower as the MedDiet Adherence score increases. Scores below 7 are associated with higher risk. Risk continues to decrease as the score gets higher.

# Depression, Anxiety and Stress Scale

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 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 time
- 3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	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)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

## DASS-21 Scoring Instructions

The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional.

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

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

NB Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	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	15-19	26-33
Extremely Severe	28+	20+	34+

#### Reference:

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2<sup>nd</sup> Ed.) Sydney: Psychology Foundation.