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Zung Depression Score

Availability:	Please visit this website for more information about the instrument: Zung Depression Score
Classification:	Exploratory: Chiari I Malformation (CM)
Short Description of Instrument:	Patient-reported outcome instrument addressing affective, psychological and somatic issues in patients with depression.
Comments / Special Instructions:	Zung survey consists of 20 items; 1-A little of the time, 2-Some of the time, 3-A good part of the time, 4-Most of the time. Patients are said to have depression if their Zung Depression score is ≥ 50 .
Scoring:	Consult the key for the value (1–4) that correlates with patients' responses to each statement. Add up the numbers for a total score. Most people with depression score between 50 and 69. The highest possible score is 80. Range 20–80.
Rationale / Justification:	About 6.7% of U.S. adults suffer at least one major depressive episode annually. Depression rates increase in patient groups with disabling symptoms, such as Chiari I malformation, with or without syringomyelia. Recording the Zung Depression Score in patients with Chiari I malformation will allow studies to report the proportion of patients they enroll with the co-morbidity of depression. Additionally, surgical studies that include this standard and replicable instrument can compare the effects of different surgical procedures for Chiari I malformation on depression severity.
References:	<p>Key Reference:</p> <p>Zung WW. A self-rating depression scale. Arch Gen Psychiatry. 1965;12:63–70.</p> <p>Additional References:</p> <p>Carroll BJ, Fielding JM, Blashki TG. Depression rating scales: a critical review. Arch Gen Psych. 1973;28:361–366.</p> <p>Parker SL, Godil SS, Zuckerman SL, Mendenhall SK, Tulipan NB, McGirt MJ. Effect of symptomatic pseudomeningocele on improvement in pain, disability, and quality of life following suboccipital decompression for adult Chiari malformation type I. J Neurosurg. 2013;119(5):1159–1165.</p> <p>Zung WW. Factors influencing the self-rating depression scale. Arch Gen Psych. 1967;16(5):543–547.</p>