

# DASS-21 Test

Depression Anxiety Stress Scales, 21-item version · a screening tool, not a diagnosis

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

**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

| Over the past week...                                                                                                                  | Scale | 0                          | 1                          | 2                          | 3                          |
|----------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. I found it hard to wind down                                                                                                        | S     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 2. I was aware of dryness of my mouth                                                                                                  | A     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 3. I couldn't seem to experience any positive feeling at all                                                                           | D     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)            | A     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 5. I found it difficult to work up the initiative to do things                                                                         | D     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 6. I tended to over-react to situations                                                                                                | S     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7. I experienced trembling (eg, in the hands)                                                                                          | A     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 8. I felt that I was using a lot of nervous energy                                                                                     | S     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 9. I was worried about situations in which I might panic and make a fool of myself                                                     | A     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 10. I felt that I had nothing to look forward to                                                                                       | D     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 11. I found myself getting agitated                                                                                                    | S     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 12. I found it difficult to relax                                                                                                      | S     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 13. I felt down-hearted and blue                                                                                                       | D     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 14. I was intolerant of anything that kept me from getting on with what I was doing                                                    | S     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 15. I felt I was close to panic                                                                                                        | A     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 16. I was unable to become enthusiastic about anything                                                                                 | D     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 17. I felt I wasn't worth much as a person                                                                                             | D     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 18. I felt that I was rather touchy                                                                                                    | S     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 19. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat) | A     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 20. I felt scared without any good reason                                                                                              | A     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 21. I felt that life was meaningless                                                                                                   | D     | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

**D** total \_\_\_\_ × 2 = \_\_\_\_

**A** total \_\_\_\_ × 2 = \_\_\_\_

**S** total \_\_\_\_ × 2 = \_\_\_\_

## What your scores suggest (after multiplying by 2)

| Severity                | Depression (D) | Anxiety (A) | Stress (S) |
|-------------------------|----------------|-------------|------------|
| <b>Normal</b>           | 0–9            | 0–7         | 0–14       |
| <b>Mild</b>             | 10–13          | 8–9         | 15–18      |
| <b>Moderate</b>         | 14–20          | 10–14       | 19–25      |
| <b>Severe</b>           | 21–27          | 15–19       | 26–33      |
| <b>Extremely severe</b> | 28+            | 20+         | 34+        |

Take it online with instant scores: [anxietychecklist.com/anxiety-test/dass-21](https://anxietychecklist.com/anxiety-test/dass-21) · If you ever feel unsafe: [anxietychecklist.com/gethelpnow](https://anxietychecklist.com/gethelpnow)  
DASS-21 by Lovibond, S.H. & Lovibond, P.F. (1995), Manual for the Depression Anxiety Stress Scales, Psychology Foundation of Australia.  
The DASS is in the public domain. Severity ranges from the DASS manual.