

Montgomery-Asberg Depression Rating Scale

MONTGOMERY-ASBERG DEPRESSION RATING SCALE

There are no right or wrong answers. Mark the response that best describes you over the period stated, and answer every item.

Name: _____ Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Record / MRN number: _____

Answer each of the 10 items below. Choose the response that best describes the last two weeks unless you are told otherwise.

1. I understand what montgomery-asberg depression rating involves and why it has been recommended.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

2. I am confident managing presenting concerns and symptom severity day to day.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

3. Risk indicators and protective factors has been discussed with me.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

4. I know who to contact if something changes between appointments.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

5. I am able to follow the advice I have been given about agreed goals and between-session tasks.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

6. I have enough information to make decisions about my care.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

7. The symptoms I came in with have affected my daily activities.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

8. I have found it difficult to keep up with progress against baseline scores.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

9. I have had support from family, friends or carers with this.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

10. I am satisfied with the care I have received so far.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Anything else you would like the team to know

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Total score: _____ Interpretation: _____

Completed by: _____ Reviewed by / date: _____