Evidence Table E4. Scales for depression (KQ1)

| **Test** | **Brief Description** | **Reliability** | **Validity** | **Original Citation Date** |
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| Beck Depression Inventory1 | The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression.  | Internal consistency estimates yielded a mean coefficent alpha of 0.86 for psychiatric patients and 0.81 for non-psychiatric subjects | The concurrent validities of the BDI with respect to clinical ratings and the Hamilton Psychiatric Rating Scale for Depression (HRSD) were also high. The mean correlations of the BDI samples with clinical ratings and the HRSD were 0. 72 and 0.73, respectively, for psychiatric patients. With nonpsychiatric subjects, the mean correlations of the BDI with clinical ratings and the HRSD were 0.60 and 0.74, respectively. | 1961 |
| Beck Depression Inventory II | The BDI-II is a 21-item self-report measure of depressive symptoms that was developed in concert with criteria for diagnosing depressive disorders contained in the DSM-IV. Items include a four-point scale ranging from 0 to 3, representing levels of severity of symtpoms or, in the case of two items, changes in sleep or appetite patterns. | Alpha estimates for internal consistency were found to be .92 for a psychiatric outpatient sample, and .93 for college students. | There is a significant correlation with an earlier version of this inventory, the BDI-IA (.93). BDI-II was also found to correlate with the Hamiltion Rating Scale for Depression (.71) | 1996 |
| Zung Self Rating Depression Scale | The Zung SDS is a 20-item self-report measure of depression. All items are rated on a 4-point scale with anchor points referring to the amount of time the item is currently experienced.  | Internal consistency was high with alphas of .91 for family escorts, .88 for depressed clients, .93 for non-depressed clients.  | In separate studies, correlations with the HRSD and BDI were found to be .80 and .54 respectively. | 1965 |
| BSI (18) depression | The BSI-18 is an 18-item self-report inventory designed to measure psychological distress and psychiatric disorders in medical and community populations. Symptom scales include Somatization, Depression and Anxiety.2 | In a systematic review of assessment instruments for screening cancer patients for emotional distress, the BSI 18 was found to have high reliability, defined as Cronbach alpha of ≥ .803 | In a systematic review of assessment instruments for screening cancer patients for emotional distress, the BSI 18 was found to have high validity, defined as an averaged sensitivity and specificity of ≥ .8 | 2001 |
| SCL-90 (depression and interpersonal sensitivity) | The SCL-90 R is a self-report inventory, where each of the 90 symptoms listed is rated on a five-point scale of distress ranging from 0 to 4. In addition to three global distress indices (general severity index, positive symptom distress index, and positive symptom total), the SCL-90 R provides information on nine primary symptom dimensions. These include anxiety, depression, hostility, interpersonal sensitivity, obsessive-compulsive, paranoid ideation, phobic anxiety, psychoticism, and somatization.  | Coefficent alpha estimates for the nine primary symptom dimensions range from .70 to .90 | Factor-analytic studies have generally failed to identify nine primary symptom dimensions. The SCL-90-R is probably best thought of as a general screening device that measures global levels of psychopathology. | 1994 |
| CES-D | The CES-D is a 20-item self-report measure of depressive symtpoms. Each item provides a statement representing a symptom characteristic of depression, followed by a 4-point Likert-type response scale ranging from “rarely or none of the time” to “most all of the time.” | Coefficient alpha estimates for internal consistency were found to be .85 for the general population and .90 for the patient sample.  | CES-D scores were significantly and substantially different between psychiatric inpatient groups and the general population. Correlation with the HRSD was .44 and correlation with the Raskin Three-Area Scale was .54. Discriminant validity was also supported by the CES-D’s negative correlation with the Radburn Positive Affect Scale. Note that this scale is intended for research purposes only, not for clinical use.  | 1977 |
| POMS-depression | The POMS is a self-report measure that contains 65 adjectives for which respondents rate the degree to which the adjective describes the way they have been feeling during the last week. Ratings range from 0 to 4. The POMS can be scored accoring to six factor-analytically derived mood states, one of which is Depression-Dejection. the Depression-Dejection scale contains 15 adjectives and represents a mood of depression accompanied by a sense of personal inadequacy. | Internal consistency for the Depression scale was found to be .95 in two separate studies.  | The POMS Depression scale has been found to correlate highly with other measures of depressive symptomatology. The r values regarding its association with the BDI and MMPI-D scale were found to be .61 and .65, respectively. | 1992 |
| SCID and SCID-relapse  | The Structured Clinical Interview For DSI-IV Axis I Disorders (SCID) is a semistructured interview designed to help clinicians and researchers make distincitions among various categories listed in the DSM-IV. There are both clinician and research versions of the SCID. The clinician version covers only diagnoses typically seen in clinnical practice and exludes a majority of the subtypes and specifiers present in the research version. Note for SCID-relapse: The primary outcome measure was time to relapse/recurrence of DSM-IV major depressive episode, using the depression module of the SCID | Diagnostic agreement for diagnostic categories among different patient populations ranged from .61 for current diagnosis to .68 for lifetime diagnosis. | Because there are not ‘gold standards’ for determining psychiatric classification, validity of the SCID is heavily dependent upon the validity of the DSM-IV. | 1995 |
| HRSD (aka HAM-D) | The HSRD is a 21-item clinician-rated instrument that is completed following a thorough clinical interview. Each item presents a symptom of depression and is rated according to its severity as experienced by the patient during the past few days or week.  | Most interrater reliability coefficients have been ≥.84 | The validity of this instrument has been established by comparing HRSD scores to scores on numerous self-report and clinician-rated measures for depression. Comparisons with the BDI yielded correlations ranging from .21 to .82 with a median of .58 and comparisons with the Zung Self-Rating Depression Scale ranged from .38 to .62 with a median of .45. | 1960, 1967 |
| Institute for Personality and Ability Testing Depression Scale (IPAT) | The IPAT Depression Scale contains 36 items that assess thoughts and feelings related to depression. Respondents are asked to check one of three options for each item.  | Coefficient alpha estimates for reliability range from .88 to .93, among a variety of populations including depressives, clinical samples, prisoners, alchoholics, narcotic addicts, college students and adult controls. | With regard to how well the test score correlates with depression, an obtained correlation of .88 between the scale and a “pure depression factor” was observed using 1904 normal and clinical cases.  | 1976 |

**Sources:** Except as noted in footnotes, information in this section is from: Nezu AM, Ronan GF, Meadows EA McClure KS, editors. Practitioner’s guide to empirically based measures of depression. New York: Kluwer Academic/Plenum Publishers; 2000.
1. Source = Beck, AT. Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. Clinical Psychology Review 1988; 8:77-100.
2. Source = description from proprietary website, psychcorp.pearsonassessments.com
3. Source = Vodermaier A, Linden W, Siu C. Screening for Emotional Distress in Cancer Patients: A Systematic Review of Assessment Instruments
 J Natl Cancer Inst. 2009 November 4; 101(21): 1464–1488.