The Depression Anxiety Stress Scale (DASS)

**Description**

The DASS is a 42-item self-administered questionnaire designed to measure the magnitude of three negative emotional states: depression, anxiety, and stress. The DASS-Depression focuses on reports of low mood, motivation, and self-esteem, DASS-anxiety on physiological arousal, perceived panic, and fear, and DASS-stress on tension and irritability.

**Instructions to client and scoring:** A respondent indicates on a 4-point scale the extent to which each of 42 statements applied over the past week. A printed overlay is used to obtain total scores for each subscale. Higher scores on each subscale indicate increasing severity of depression, anxiety, or stress. Completion takes 10 to 20 minutes. A shorter, 21-item version of the DASS (DASS-21), which takes 5 to 10 minutes to complete, is also available. Subscale scores from the shorter questionnaire are converted to the DASS normative data by multiplying the total scores by 2.

Individual patient scores on the DASS subscales can be interpreted by converting them to z-scores and comparing to the normative values contained within the DASS manual. A z-score < 0.5 is considered to be within the normal range, a z-score of 0.5 to 1.0 is mild, 1.0 to 2.0 is moderate, 2.0 to 3.0 is considered severe, and z-scores > 3 are considered to be extremely severe depression/anxiety/stress. Although it has been suggested that a composite measure of negative mood can be obtained by taking a mean of the 3 subscales, interpretation of this score is problematic as normative data or cut-off scores are not currently available.

**Clinimetrics:** Internal consistency for each of the subscales of the 42-item and the 21-item versions of the questionnaire are typically high (eg Cronbach's $\alpha$ of 0.96 to 0.97 for DASS-Depression, 0.84 to 0.92 for DASS-Anxiety, and 0.90 to 0.95 for DASS-Stress (Lovibond 1995, Brown et al 1997, Antony et al 1998, Clara 2001, Page 2007). There is good evidence that the scales are stable over time (Brown et al 1997) and convergent (Crawford and Henry 2003) validity for the anxiety and depression subscales of both the long and short versions of the DASS. The clinimetric properties of the questionnaire have been examined in general and clinical populations including chronic pain (Taylor 2005), post myocardial infarction (Lovibond 1995), psychiatric in-patients (Ng 2007) and out-patients (Lovibond 1995).

For more information on the DASS the developers have provided a comprehensive FAQ section on their web page, along with an overview and link to download the questionnaire.

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**References**


**Website**

www2.psy.unsw.edu.au/groups/dass