

Raskin Depression Rating Scale

Reference: Raskin A, Schulterbrandt J, Reatig N, McKeon JJ. Replication of factors of psychopathology in interview, ward behavior and self-report ratings of hospitalized depressives. J Nerv Ment Dis 1969; 148(1):87–98

Rating Clinician-rated

Administration time 10–15 minutes

Main purpose To assess severity of depressive symptoms, with a specific focus upon verbal report, behaviour and secondary symptoms

Population Adult inpatients or outpatients

Commentary

The Raskin Depression Rating Scale (or Three-Area Severity of Depression Scale) is a brief, clinician-rated scale suitable for assessing both baseline levels of depression and change in depression severity over time. Sources of information for the rating may include patient self-report, information obtained during interview or collateral information from ward staff. The scale requires the clinician to rate the patient's verbal report of depressive symptoms, their depressed behaviour, and secondary symptoms of depression (primarily somatic). Although the Raskin scale is relatively quick and easy to administer, it lacks specificity, and is usually administered in conjunction with more specific rating scales such as the HDRS (see page 28).

Scoring

Items are rated on a 1–5 scale (1 = not at all through to 5 = very much). The authors suggest that a score ≥ 9 represents moderate depression.

Versions

No alternative versions are available.

Additional reference

Bennie EH, Mullin JM, Martindale JJ. A double-blind multicenter trial comparing sertraline and fluoxetine in outpatients with major depression. *J Clin Psychiatry* 1995; 56(6):229–37.

Address for correspondence

Not applicable – the scale is in the public domain.

Raskin Depression Scale

Rate each of the following according to the degree of severity below:

- 1 = Not at all
- 2 = Somewhat
- 3 = Moderately
- 4 = Considerably
- 5 = Very much

- I. _____ Verbal report: Feels blue, talks of feeling helpless or worthless, complains of loss of interest, may wish to be dead, reports of crying spells.
- II. _____ Behavior: Looks sad, cries easily, speaks in a sad voice, psychomotor retardation, lacking energy
- III. _____ Secondary symptoms of depression: insomnia/hypersomnia, dry mouth, GI complaints, suicide attempt recently, change in appetite, cognitive problems

Reproduced from Raskin A, Schulterbrandt J, Reatig N, McKeon JJ. *J Nerv Ment Dis* 1969; 148(1):87–98.