

# STATE TRAIT- DEPRESSION ADJECTIVE CHECK LISTS

The *State Trait - Depression Adjective Check Lists* (ST-DACL) are an evolution of the *Depression Adjective Check List* (DACL), an instrument widely used to measure feelings of dysphoria, sadness & psychological distress. The ST-DACL introduces new forms that permit the instrument to be more easily administered and scored while using the same items & lists. It also expands into an instrument that measures both State and Trait mood.

Three forms are available consisting of a total of seven different check lists. Form A-B is a State check list with alternate lists (A and B), Form C-D is also a State check list with alternate lists (C and D). Form 1 and 2 consist of three different check lists, State List E on both Form 1 and Form 2 and Trait List F on Form 1 and Trait List G on Form 2.

Quantity	Code , Quantity and Price	Amount
_____ State Form A-B*	DCL-AHS-025-AB @ \$ 12.00 .....	_____
_____	DCL-AHS-100-AB @ \$ 44.50 .....	_____
_____	DCL-AHS-500-AB @ \$178.00 .....	_____
_____ State Form C-D*	DCL-AHS-025-CD @ \$ 12.00 .....	_____
_____	DCL-AHS-100-CD @ \$ 44.50 .....	_____
_____	DCL-AHS-500-CD @ \$178.00 .....	_____
_____ Form 1 and 2 (E, F, and G)*	DCL-AHS-025-EG @ \$ 12.00 .....	_____
_____	DCL-AHS-100-EG @ \$ 44.50 .....	_____
_____	DCL-AHS-500-EG @ \$178.00 .....	_____
_____ Profile Sheet with scoring instructions	DCL-PRO-025 @ \$ 8.75 .....	_____
_____	DCL-PRO-100 @ \$ 14.50 .....	_____
_____	DCL-PRO-500 @ \$129.25 .....	_____
_____ ST-DACL Technical Manual	DCL-MAN @ \$ 30.75 .....	_____
_____ Specimen Set (includes one copy of each Check List and Manual)	DCL-SPC @ \$ 33.00 .....	_____

**\*Must be purchased in equivalent quantities with Profile Sheets.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ School or Institution \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bill my institution. Purchase Order Number \_\_\_\_\_ Enclose payment with individual orders.

Payment Method:  Check enclosed or Charge to:  AMEX  VISA  MC • Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_



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NOTE: All prices F.O.B. San Diego. California residents add appropriate tax. Add 10% for shipping charges, 5% within California/\$8.00 minimum.

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