

Center for Epidemiological Studies Depression Scale (CES-D)

Instructions: *I am going to read a list of ways you may have felt. Please tell me how often you have felt this way during the past week: rarely or none of the time; some or a little of the time; occasionally or a moderate amount of time; or most or all of the time.*

During the past week, that would be from _____ through today: (date)	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a Moderate Amount of Time (3-4 days)	Most or all of the time (5-7 days)
1. You were bothered by things that usually don't bother you.	0	1	2	3
2. You did not feel like eating; your appetite was poor.	0	1	2	3
3. You felt that you could not shake off the blues even with help from your family or friends.	0	1	2	3
4. You felt that you were just as good as other people.	3	2	1	0
5. You had trouble keeping your mind on what you were doing.	0	1	2	3
6. You felt depressed.	0	1	2	3
7. You felt that everything you did was an effort.	0	1	2	3
8. You felt hopeful about the future.	3	2	1	0
9. You thought your life had been a failure.	0	1	2	3
10. You felt fearful.	0	1	2	3
11. Your sleep was restless.	0	1	2	3
12. You were happy.	3	2	1	0
13. You talked less than usual.	0	1	2	3
14. You felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. You enjoyed life.	3	2	1	0
17. You had crying spells.	0	1	2	3
18. You felt sad.	0	1	2	3
19. You felt that people disliked you.	0	1	2	3
20. You could not get "going."	0	1	2	3
To total: Add all circled numbers in each column	Total:			