

Name: _____

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

| | During the past week | | | |
|--|--|---|--|------------------------------------|
| | 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. I was bothered by things that usually don't bother me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I did not feel like eating; my appetite was poor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I felt that I could not shake off the blues even with help from my family or friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I felt I was just as good as other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I had trouble keeping my mind on what I was doing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I felt depressed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I felt that everything I did was an effort. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I felt hopeful about the future. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I thought my life had been a failure. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I felt fearful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. My sleep was restless. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I was happy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I talked less than usual. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I felt lonely. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. People were unfriendly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I enjoyed life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I had crying spells. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I felt sad. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I felt that people dislike me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. I could not "get going". | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For Physician Use:

| Scoring: Item Weights | (less than 1 day) | (1-2 days) | (3-4 days) | (5-7 days) |
|------------------------|-------------------|------------|------------|------------|
| Items 4, 8, 12 and 16: | 3 | 2 | 1 | 0 |
| All other items: | 0 | 1 | 2 | 3 |

Score is the sum of the 20 item weights. Possible range is 0 to 60. If more than four questions are missing answers, do not score the CES-D. A score of 16 or more is considered depressed.

Center for Epidemiologic Studies Depression Scale (CES-D), (Radloff, 1977)