

Examiner: _____

Testing: First Second

Date: ____/____/____

CES-D

Instructions: Circle the number for each statement that best describes how often you felt or behaved this way DURING THE PAST WEEK.

		Rarely or none of the time (<1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the 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	0	1	2	3
2	I did not feel like eating	0	1	2	3
3	I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
4	I felt that I was just as good as other people	0	1	2	3
5	I had trouble keeping my mind on what I was doing	0	1	2	3
6	I felt depressed	0	1	2	3
7	I felt that everything I did was an effort	0	1	2	3
8	I felt hopeful about the future	0	1	2	3
9	I thought my life had been a failure	0	1	2	3
10	I felt fearful	0	1	2	3
11	My sleep was restless	0	1	2	3
12	I was happy	0	1	2	3
13	I talked less than usual	0	1	2	3
14	I felt lonely	0	1	2	3
15	People were unfriendly	0	1	2	3
16	I enjoyed life	0	1	2	3
17	I had crying spells	0	1	2	3
18	I felt sad	0	1	2	3
19	I felt that people disliked me	0	1	2	3
20	I could not get "going"	0	1	2	3