

Depression Screening (CES-D Scale) Supplement Question Form

Center for Epidemiologic Studies Depression Scale (CES-D Scale)

INSTRUCTIONS: Select how the patient felt or behaved during the past week including today:

0 - Rarely or None of the Time (Less than 1 Day)

1 - Some or a Little of the Time (1-2 Days)

2 - Occasionally or a Moderate Amount of Time(3-4 Days)

3 - Most or All of the Time (5-7 Days)

- D1. I was bothered by things that usually don't bother me. _____
- D2. I did not feel like eating; my appetite was poor. _____
- D3. I felt that I could not shake off the blues even with help from my family or friends. _____
- D4. I felt that I was just as good as other people. _____
- D5. I had trouble keeping my mind on what I was doing. _____
- D6. I felt depressed. _____
- D7. I felt that everything I did was an effort. _____
- D8. I felt hopeful about the future. _____
- D9. I thought my life had been a failure. _____
- D10. I felt fearful. _____
- D11. My sleep was restless. _____
- D12. I was happy. _____
- D13. I talked less than usual. _____
- D14. I felt lonely. _____
- D15. People were unfriendly. _____
- D16. I enjoyed life. _____
- D17. I had crying spells. _____
- D18. I felt sad. _____
- D19. I felt that people dislike me. _____
- D20. I could not get "going". _____

A total score of 60 is possible, though scores of 16 or greater (mild to moderate depression) and 21 or greater (major depression) are considered clinically significant.

Total Score _____

Comments _____
