

Depression Screening

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CLIENT NAME:	CASE #:
Depression	
Center for Epidemiologic Studies Depression (CES-I))

Scale items:

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking (/) the appropriate space.

During the past week:	RARELY or NONE of the time	SOME or a LITTLE of the time	OCCASIONALLY or a MODERATE amount of the time	MOST or ALL of the time
-	0-1 days	1-2 days	3-4 days	5-7 days
1. I was bothered by things that usually don't bother me.				
2. I did not feel like eating; my appetite was poor.				
3. I felt that I could not shake off the blues even with help from my family.				
4. I felt that I was just as good as other people.				
5. I had trouble keeping my mind on what I was doing.				
6. I felt depressed.				
7. I felt that everything I did was an effort.				
8. I felt hopeful about the future.				
9. I thought my life had been a failure.				
10. I felt fearful.				
11. My sleep was restless.				
12. I was happy.				
13. I talked less than usual.				
14. I felt lonely.				
15. People were unfriendly.				
16. I enjoyed life.				
17. I had crying spells.				
18. I felt sad.				
19. I felt that people disliked me.				
20. I could not get "going."				

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CLIENT NAME:	CASE/CLIENT DATA FORM (CDF) #			
References: Hann, D., Winter, K., & Jacobsen, P. (1999). Measurin cancer patients: Evaluation of the Center for Epic (CES-D). <u>Journal of Psychosomatic Research</u> , 46, 4	demiological S	• •	oms	
Radloff, L. S. (1997). The CES-D scale: A self-repopulation. <u>Applied Psychological Measurement, 1</u>		scale for resea	arch in the gen	eral
Scoring:				
Item weights:	RARELY or NONE of the time	SOME or a LITTLE of the time	OCCASIONALL Y or a MODERATE amount of the time	MOST or ALL of the time
	0-1 days	1-2 days	3-4 days	5-7 days
Items 4, 8, 12 and 16 All other items	3 0	2	1 2	0 3
Clinician Signature C	redentials	I	Date	