



# CES DEPRESSION for TELEPHONE FORM



ID NUMBER:

FORM CODE: CEST

DATE: 04/26/2020  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Script:** "These next questions are about how you might have felt or behaved recently. For each question, please tell me how often you felt this way during the past week."

	Never or <1 day	1-2 days in the past week	3-7 days in the past week
1) During the past week, would you say that you felt depressed: never or <1 day, 1 to 2 days, or 3 to 7 days?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2) During the past week, would you say that you felt lonely: never or <1 day, 1 to 2 days, or 3 to 7 days?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3) During the past week, would you say that you had crying spells: never or <1 day, 1 to 2 days, or 3 to 7 days?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4) During the past week, would you say that you felt sad: never or <1 day, 1 to 2 days, or 3 to 7 days?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5) During the past week, would you say that you felt anxious, nervous, or fearful: never or <1 day, 1 to 2 days, or 3 to 7 days?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2