



CES DEPRESSION FORM



ID NUMBER:

FORM CODE:

DATE: 04/01/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Script: "I would like to ask you some questions about your feelings, for example, how often you have felt happy or sad. For each question, please tell me how often you felt this way during the past week." (Hand participant the response card)

During the past week...	Hardly ever or never (< 1 day in the past week)	Some of the time (1-2 days in the past week)	Much or most of the time (3-7 days in the past week)
1) I did not feel like eating; my appetite was poor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2) I felt depressed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3) I felt everything I did was an effort	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4) My sleep was restless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5) I was happy	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6) I felt lonely	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7) People were unfriendly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8) I enjoyed life	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9) I felt sad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10) I felt that people disliked me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11) I could not get "going"	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12) The future seemed hopeless to me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13) Sum of responses: _____			



INSTRUCTIONS FOR THE CES-D DEPRESSION (CES) FORM



I. General Instructions

The Center for Epidemiologic Studies Depression (CES-D) Scale 11-item questionnaire was developed to measure symptoms of depression in community populations. The items represent the major components of depression and include depressed mood, somatic complaints and interpersonal distress. One item assessing hopelessness has been added. Item #12 assesses hopelessness and is not part of the CES-D depression scale.

II. Detailed Instructions for each Item

0a. Enter the date on which the participant was seen in the clinic.

0b. Enter the staff ID for the person who completed this form.

Read the opening script:

“I would like to ask you some questions about your feelings, for example, how often you have felt happy or sad. For each question, please tell me how often you felt this way during the past week. The choices are:

- **Hardly ever or never (less than 1 day in the past week)**
- **Some of the time (1-2 days in the past week)**
- **Much or most or all of the time (3-7 days in the past week)**

The number of days per week should be read to help the participant understand each of the categories. In addition, hand motions to indicate the continuum from the low end of the scale to the high end of the scale can be helpful.

Hand the participant the response card.

1-12. Interviewers should read the script exactly as it appears on the screen. Emphasis should be placed on the time frame, during the PAST WEEK.

The interviewer may re-read the answer options if the participant has problems recalling them or choosing a category. When asking these questions, interviewers should be careful to not comment on respondent's answers and to record answers in a non-judgmental manner.

Hardly ever or never (less than 1 day in the past week)

Some of the time (1-2 days in the past week)

Much or most of the time (3-7 days in the past week)

Q. 1-12