

OFFICE ONLY ID: _____ Respondent: _____ Times @ Clinic _____ Date: _____ Time Period: _____
 Assessor: _____ Vscale _____ VP1: Y N VP2: Y N VP3: Y N
 Admin: interview questionnaire mixed

CENTER FOR EPIDEMIOLOGIC STUDIES—DEPRESSION SCALE

Instructions: I am going to read a list of ways you may have felt. Please tell me how often you have felt this way during the past week: rarely or none of the time; some or a little of the time; occasionally or a moderate amount of time; or most or all of the time.

DURING THE PAST WEEK:	Rarely or none of the time (less than 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. You were bothered by things that usually don't bother you.	0	1	2	3
2. You did not feel like eating; your appetite was poor.	0	1	2	3
3. You felt that you could not shake off the blues even with help from your family or friends.	0	1	2	3
4. You felt that you were just as good as other people.	0	1	2	3
5. You had trouble keeping your mind on what you were doing.	0	1	2	3
6. You felt depressed.	0	1	2	3
7. You felt that everything you did was an effort.	0	1	2	3
8. You felt hopeful about the future.	0	1	2	3
9. You thought your life had been a failure.	0	1	2	3
10. You felt fearful.	0	1	2	3
11. Your sleep was restless.	0	1	2	3
12. You were happy.	0	1	2	3
13. You talked less than usual.	0	1	2	3
14. You felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. You enjoyed life.	0	1	2	3
17. You had crying spells.	0	1	2	3
18. You felt sad.	0	1	2	3
19. You felt that people disliked me.	0	1	2	3
20. You could not get "going".	0	1	2	3