

## CES-D

Below is a list of the ways you might have felt or behaved. Please tell us how often you have felt this way during the past week.

*Rarely or none of the time = less than 1 day*  
*Some or a little = 1-2 days*  
*Occasionally = 3-4 days*  
*Most or all of the time*

		Rarely or not at all	Some or a little	Occasionally	Most or all the time
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 friends and 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."				