



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: _____			