
Current Center for Epidemiologic Studies–Depression (CES-D)

Name: _____ Date: _____

For each statement, please circle the number that best describes how often you have felt or behaved 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 the Time	Most or All of the Time
I was bothered by things that usually don't bother me	0	1	2	3
I did not feel like eating; my appetite was poor	0	1	2	3
I felt like I could not shake off the blues, even with help from my family or friends	0	1	2	3
I felt like I was just as good as other people	3	2	1	0
I had trouble keeping my mind on what I was doing	0	1	2	3
I felt depressed	0	1	2	3
I felt that everything I did was an effort	0	1	2	3
I felt hopeful about the future	3	2	1	0
I thought my life had been a failure	0	1	2	3
I felt fearful	0	1	2	3
My sleep was restless	0	1	2	3
I was happy	3	2	1	0
I talked less than usual	0	1	2	3
I felt lonely	0	1	2	3
People were unfriendly	0	1	2	3
I enjoyed life	3	2	1	0
I had crying spells	0	1	2	3
I felt sad	0	1	2	3
I felt like people disliked me	0	1	2	3
I could not get "going"*	0	1	2	3
I had thoughts about my death	0	1	2	3
I thought about harming myself	0	1	2	3
Sum of scores				
Total score =				

*Stop scoring after this item.