

CENTER FOR EPIDEMIOLOGICAL STUDIES – DEPRESSION SCALE

Circle the number of each statement which best describes how often you felt or behaved this way
– DURING THE LAST 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)
DURING THE PAST WEEK:				
1. I was bothered by Things that usually don't bother me	0	1	2	3
2. I did not feel like eat- ing; my appetite was poor	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
4. I felt that I was just as Good as other people	0	1	2	3
5. I had trouble keeping my mind on what I was doing	0	1	2	3
6. I felt depressed	0	1	2	3
7. I felt that everything I did was an effort	0	1	2	3
8. I felt hopeful about the future	0	1	2	3
9. I thought my life had been a failure	0	1	2	3
10. I felt fearful	0	1	2	3
11. My sleep was restless	0	1	2	3
12. I was happy	0	1	2	3
13. I talked less than usual	0	1	2	3
14. I felt lonely	0	1	2	3
15. People were unfriendly	0	1	2	3
16. I enjoyed life	0	1	2	3
17. I had crying spells	0	1	2	3
18. I felt sad	0	1	2	3
19. I felt that people disliked me	0	1	2	3
20. I could not get “going”	0	1	2	3

Name: _____
Date: _____
Score: _____
Rater: _____