

ID _____

Date _____

Interviewer _____

CES - Depression Scale

This section is about how you might have been feeling or acting recently. I'm going to read some sentences which describe how persons sometimes feel. For each sentence, tell me if in **the past week** you felt or acted that way. Tell me if you felt that way **None of the time, A little of the time, some of the time or Most of the time.** Remember there are no right or wrong answers, only you can tell me how you feel.

In the past week (from last __ till today)	None < 1 day	A little 1-2 d	Some 3-4 d	Most 5-7 d
You were bothered by things that usually don't bother you.	0	1	2	3
You ate less than you usually eat. (because didn't want to eat NOT lack of food or time)	0	1	2	3
You felt so down that nothing could cheer you up	0	1	2	3
You thought other people were better than you.	0	1	2	3
You found it hard to think properly or concentrate.	0	1	2	3
You felt depressed.	0	1	2	3
You felt everything was hard to do.	0	1	2	3
You felt good about the future.	3	2	1	0
You thought your life had been a failure.	0	1	2	3
You felt afraid.	0	1	2	3
Your sleep was restless. (You had difficulty falling asleep or kept waking up You did not sleep well, you tossed and turned)	0	1	2	3
You felt happy.	3	2	1	0
You were more quiet than usual.	0	1	2	3
You felt lonely.	0	1	2	3
You felt people were not friendly to you.	0	1	2	3
You enjoyed life.	3	2	1	0
You cried a lot.	0	1	2	3
You felt sad or unhappy .	0	1	2	3
You felt that people don't like you	0	1	2	3
You felt so tired you just sat around and did nothing.	0	1	2	3