

CESD-R

Please indicate how often you have felt the following ways:

	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 don't usually bother me.	1	2	3	4
2. I did not feel like eating; my appetite was poor.	1	2	3	4
3. I felt that I could not shake off the blues even with the help of my family or friends.	1	2	3	4
4. I felt that I was just as good as other people.	4	3	2	1
5. I had trouble keeping my mind on what I was doing.	1	2	3	4
6. I felt depressed.	1	2	3	4
7. I felt everything I did was an effort.	1	2	3	4
8. I felt hopeful about the future.	4	3	2	1
9. I thought my life had been a failure.	1	2	3	4
10. I felt fearful.	1	2	3	4
11. My sleep was restless.	1	2	3	4
12. I was happy.	4	3	2	1
13. I talked less than usual.	1	2	3	4
14. I felt lonely.	1	2	3	4
15. People were unfriendly.	1	2	3	4
16. I enjoyed life.	4	3	2	1
17. I had crying spells.	1	2	3	4
18. I felt sad.	1	2	3	4
19. I felt that people disliked me.	1	2	3	4
20. I could not get "going".	1	2	3	4