



## Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)

### Instructions:

For each statement, please indicate how often you have felt this way in the past week or so by selecting the option you most agree with.

|    |  | Not at all / Less than 1 day | 1 – 2 days | 3 – 4 days | 5 – 7 days | Nearly every day for 2 weeks |
|----|--|------------------------------|------------|------------|------------|------------------------------|
| 1  | My appetite was poor.                              | 0                            | 1          | 2          | 3          | 4                            |
| 2  | I could not shake off the blues.                   | 0                            | 1          | 2          | 3          | 4                            |
| 3  | I had trouble keeping my mind on what I was doing. | 0                            | 1          | 2          | 3          | 4                            |
| 4  | I felt depressed.                                  | 0                            | 1          | 2          | 3          | 4                            |
| 5  | My sleep was restless.                             | 0                            | 1          | 2          | 3          | 4                            |
| 6  | I felt sad.  | 0                            | 1          | 2          | 3          | 4                            |
| 7  | I could not get going.                             | 0                            | 1          | 2          | 3          | 4                            |
| 8  | Nothing made me happy.                             | 0                            | 1          | 2          | 3          | 4                            |
| 9  | I felt like a bad person.                          | 0                            | 1          | 2          | 3          | 4                            |
| 10 | I lost interest in my usual activities.            | 0                            | 1          | 2          | 3          | 4                            |
| 11 | I slept much more than usual.                      | 0                            | 1          | 2          | 3          | 4                            |
| 12 | I felt like I was moving too slowly.               | 0                            | 1          | 2          | 3          | 4                            |
| 13 | I felt fidgety.                                    | 0                            | 1          | 2          | 3          | 4                            |
| 14 | I wished I were dead.                              | 0                            | 1          | 2          | 3          | 4                            |
| 15 | I wanted to hurt myself.                           | 0                            | 1          | 2          | 3          | 4                            |
| 16 | I was tired all the time.                          | 0                            | 1          | 2          | 3          | 4                            |



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|----|--|------------------------------|------------|------------|------------|------------------------------|
| 17 | I did not like myself.                     | <b>0</b>                     | <b>1</b>   | <b>2</b>   | <b>3</b>   | <b>4</b>                     |
| 18 | I lost a lot of weight without trying to.  | <b>0</b>                     | <b>1</b>   | <b>2</b>   | <b>3</b>   | <b>4</b>                     |
| 19 | I had a lot of trouble getting to sleep.   | <b>0</b>                     | <b>1</b>   | <b>2</b>   | <b>3</b>   | <b>4</b>                     |
| 20 | I could not focus on the important things. | <b>0</b>                     | <b>1</b>   | <b>2</b>   | <b>3</b>   | <b>4</b>                     |