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A Review of the Clinical Utility and Psychometric Properties of the Center for Epidemiologic Studies Depression Scale - Revised (CESD-R): Percentile Rankings and Qualitative Descriptors

The Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) is a 20-item self-report screening instrument for assessing depressive symptoms of Major Depressive Disorder (MDD). Developed by Eaton et al. (2004), the CESD-R was specifically designed to map its items to the core DSM symptom domains. This alignment enables the instrument to function both as a severity measure and a diagnostic screening tool. The CESD-R provides a total severity score, with community percentile rankings, an algorithmic classification system categorizing results across five levels based on DSM-5 symptom requirements for MDD, and a detailed symptom profile identifying specific areas of concern for targeted intervention planning.

Click to view information on the Center for Epidemiologic Studies Depression Scale - Revised ([CESD-R](#))

February 2026

Developer & Author

The Center for Epidemiologic Studies Depression Scale - Revised (CESD-R) was developed by Eaton and colleagues (2004):

Eaton, W. W., Smith, C., Ybarra, M., Muntaner, C., & Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and revision (CESD and CESD-R). In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment* (3rd ed., pp. 363-377). Lawrence Erlbaum.

This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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Description

The Center for Epidemiologic Studies Depression Scale - Revised (CESD-R) is a 20-item self-report screening instrument designed to assess depressive symptoms and identify individuals who may benefit from further clinical evaluation for major depressive disorder (MDD). Revised from the original CES-D by Eaton et al. (2004), the CESD-R was developed to better align with contemporary diagnostic frameworks while maintaining the efficiency and accessibility of the original scale. This allowed the outcomes of the CESD-R to be applied to the DSM-5 criteria for MDD, creating a powerful tool to aid clinicians.

The CESD-R maps to nine symptom domains for MDD:

1. Depressed Mood (Dysphoria)
2. Diminished Interest/Pleasure (Anhedonia)
3. Appetite/Weight Changes
4. Sleep Disturbance
5. Diminished Concentration
6. Worthlessness/Guilt
7. Fatigue/Loss of Energy
8. Psychomotor Changes
9. Suicidal Ideation

Respondents rate how frequently they experienced each of the 20 symptoms over the past two weeks using a 5-point frequency scale ranging from "not at all or less than 1 day" to "nearly every day for 2 weeks."

Total scores range from 0 to 80. Lower scores indicate infrequent or absent depressive symptoms, while higher scores indicate more persistent symptom occurrence across multiple domains. A score of 0 represents minimal symptom frequency (symptoms absent or present for less than one day), whereas a score of 80 indicates all symptoms were present nearly every day throughout the two-week assessment period. Administration typically requires 3 minutes to complete, making it practical for use in various clinical settings.

Intended Clinical Use

The CESD-R can serve multiple clinical functions. It provides time-efficient initial screening to identify clients who may require comprehensive diagnostic assessment for depression. Repeated administrations track symptom patterns over time (Bean et al. 2024), helping clinicians and clients evaluate intervention effectiveness and identify early warning signs of symptom changes. The symptom domain structure identifies specific areas of concern—such as sleep disturbance, concentration difficulties, or fatigue—allowing clinicians to tailor interventions to individual symptom profiles. Specific items assess self-harm and suicidal ideation with frequency information to inform safety planning and ongoing risk monitoring.

Psychometric Properties

Factor Structure

Multiple validation studies support a unidimensional factor structure for the CESD-R. Van Dam and Earleywine (2011) conducted confirmatory factor analysis in both a large community sample (N = 7,389) and a student sample (N = 245), finding strong factor loadings ranging from 0.49 to 0.86. Bean et al. (2024) confirmed essential unidimensionality through bifactor analysis, with the general factor showing correlations of 0.93-0.94 to the one-factor model. These converging findings across multiple samples provide robust support for treating the CESD-R as a unidimensional measure of depression severity.

Reliability

The CESD-R demonstrates excellent internal consistency across multiple studies and populations. Van Dam and Earleywine (2011) reported Cronbach's alpha of 0.923 in their community sample (N = 7,389) and 0.93 in their student sample (N = 245). These high reliability coefficients indicate that the scale items consistently measure the same underlying construct.

Sriken et al. (2024) replicated these findings in their university sample, reporting excellent internal consistency for the total score ($\alpha = 0.92$). Kimong et al. (2023) conducted a comprehensive psychometric synthesis of 18 CESD-R studies in English, reporting an aggregated internal consistency of $\alpha = 0.92$, demonstrating excellent and consistent score reliability across diverse samples. This meta-analytic finding provides strong evidence for the scale's reliability as a screening instrument.

Bean et al. (2024) reported Cronbach's alpha of 0.95 for both the 4-point and 5-point response option versions, along with McDonald's omega values of 0.95, further confirming the scale's excellent internal consistency.

Validity

Convergent: The CESD-R shows expected relationships with theoretically related constructs. Depression commonly co-occurs with anxiety and is characterized by high negative affect and low positive affect (Mineka, Watson & Clark, 1998). Van Dam and Earleywine (2011) found moderate to strong positive correlations with the State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA) and expected patterns with the Positive and Negative Affect Schedule (PANAS), including correlations with negative affect and inverse relationships with positive affect. Sriken et al. (2024) found a strong correlation with the Generalized Anxiety Disorder-7 (GAD-7; $r = 0.67$).

Discriminant: The CESD-R shows appropriate independence from unrelated constructs, confirming it measures depression specifically rather than general distress or other pathologies. Van Dam and Earleywine (2011) found appropriately modest correlations with the Schizotypal Personality Questionnaire-Brief (SPQ-B), indicating the scale measures depression distinctly from schizotypy. Sriken et al. (2024) demonstrated minimal correlation with the Alcohol Use Disorders Identification Test ($r = 0.12$) and Social Justice Scale ($r = 0.02$).

The CESD-R has also been validated across diverse populations, with measurement invariance demonstrated across gender and ethnic groups in the United States (Sriken et al., 2024), and translations available in at least twelve languages showing preliminary validation evidence.

Scoring & Interpretation

The CESD-R consists of 20 items assessing depressive symptoms, each rated on a 5-point frequency scale. Response options range from 0 (Not at all or less than 1 day) to 4 (Nearly every day for 2 weeks), with higher scores indicating more frequent depressive symptoms. Although the instructions ask respondents to consider symptoms experienced over the "past week or so," the response options span frequencies of up to two weeks. It is important to note that a response of 0 does not necessarily indicate the absence of a symptom, as it may have been present for less than one day.

The total score ranges from 0 to 80, rather than collapsing the two highest response options (as is sometimes done for comparisons with the original CES-D), which yields a score range of 0-60. This approach is consistent with best practice to support more accurate interpretation across severity levels (Bean et al., 2024). Using this scoring approach, a total score of 17 or greater is proposed as a screening clinical cutoff for clinically significant depressive symptoms (Bean et al., 2024).

DSM-Informed Classification of Depressive Symptoms

The CESD-R uses a DSM-5-informed and empirically evaluated classification system for Major Depressive Disorder (MDD) to aid in identifying individuals requiring comprehensive clinical assessment (Eaton et al., 2012; Van Dam & Earleywine, 2011). It organized items into nine depressive symptom domains:

1. Dysphoria: Depressed Mood (items 2, 4, 6)
2. Anhedonia: Diminished Interest/Pleasure (items 8, 10)
3. Appetite/Weight Changes (items 1, 18)
4. Sleep Disturbance (items 5, 11, 19)
5. Diminished Concentration (items 3, 20)
6. Worthlessness/Guilt (items 9, 17)
7. Fatigue/Loss of Energy (items 7, 16)
8. Psychomotor Changes (items 12, 13)
9. Suicidal Ideation (items 14, 15)

The CESD-R classifies depression severity using an algorithmic approach that evaluates symptom frequency across nine DSM-5 symptom domains, rather than relying solely on the total score cutoff. For classifications of Meets Criteria, Probable, or Possible Major Depressive Episode, at least one of two core symptoms must be present: depressed mood (dysphoria) or diminished interest/pleasure (anhedonia). The classification level is then determined by the total number of symptom domains endorsed and the frequency with which symptoms occur. For classification purposes, a symptom domain is counted as present if at least one item within that domain meets the required frequency threshold, and qualifying domains—including the core domains—are included in the total domain count. This approach distinguishes DSM-consistent depressive symptom patterns from subthreshold symptom elevations while preserving sensitivity to clinically meaningful presentations. Elevated classifications indicate the need for thorough diagnostic evaluation for MDD.

Classification Levels

1. **No Clinical Significance:** Total score below 17.
2. **Subthreshold Depression Symptoms:** Total score of 17 or above, but does not meet algorithmic criteria for any higher classification.
3. **Possible Major Depressive Episode:** Meet criteria for three symptom domains.
 - At least one core symptom (dysphoria or anhedonia) nearly every day for the past two weeks
 - Remaining two symptom domains at a frequency of at least 5–7 days in the past week or nearly every day for the past two weeks
4. **Probable Major Depressive Episode:** Meet criteria for four symptom domains.
 - At least one core symptom (dysphoria or anhedonia) nearly every day for the past two weeks
 - Remaining three symptom domains at a frequency of at least 5–7 days in the past week or nearly every day for the past two weeks
5. **Meets Criteria for Major Depressive Episode:** Meet criteria for five or more symptom domains.
 - At least one core symptom (dysphoria or anhedonia) nearly every day for the past two weeks
 - Remaining symptom domains also occurring nearly every day for the past two weeks

Clinical Interpretation of Suicidal Ideation Domain

The CESD-R allows a lower frequency threshold (5-7 days) for additional symptoms in the ‘Probable’ and ‘Possible’ classifications to enhance screening sensitivity for milder presentations. While DSM-5-TR specifies that suicidal ideation is clinically significant if it has occurred on more than one occasion to contribute to an MDD diagnosis, the CESD-R requires 5-7 day frequency for classification purposes. Therefore, clinicians should carefully review responses to the suicidal ideation items (14 & 15), determine if they should count towards establishing a diagnosis of MDD, and consider whether a risk assessment is warranted.

Monitoring Change Over Multiple Administrations

When the CESD-R is administered repeatedly to track symptom changes over time, a Minimally Important Difference (MID) threshold of 6 points distinguishes clinically meaningful change from normal measurement variability. Score changes of 6 points or greater (either increase or decrease) represent clinically meaningful worsening or improvement, while changes below this threshold may suggest stability or fluctuations that do not reach clinical significance.

Supporting Information

Percentile Calculations

Percentile ranks were calculated using the normative statistics from Van Dam and Earleywine's (2011) pooled sample (N = 7,634, M = 10.49, SD = 11.8). The percentile values were derived by applying standard score transformation methods to convert raw CESD-R scores into population-relative rankings.

The calculation process involved: converting raw scores to z-scores: $z = (X - M) / SD$, where X is the raw score, M is the mean (10.49), and SD is the standard deviation (11.8), and then converting z-scores to percentile ranks using the standard normal cumulative distribution function.

As noted in the Normative Data section, clinicians should interpret these percentiles with appropriate caution given the positively skewed distribution characteristics of the underlying normative sample, particularly when evaluating scores at the higher end of the range. The assumption of normality in this calculation method means that percentiles derived this way may not accurately reflect the underlying distribution, especially at the extremes.

Percentile Table

Table 2

Percentiles for the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) Total Scores

Total Score	Community Percentile	Total Score	Community Percentile
0	18.7	24	87.4
1	21.1	25	89.1
2	23.6	26	90.6
3	26.3	27	91.9
4	29.1	28	93.1
5	32.1	29	94.2
6	35.2	30	95.1
7	38.4	31	95.9
8	41.6	32	96.6
9	45.0	33	97.2
10	48.3	34	97.7
11	51.7	35	98.1
12	55.1	36	98.5
13	58.4	37	98.8
14	61.7	38	99.0
15	64.9	39	99.2
16	68.0	40	99.4
17	70.9	41	99.5
18	73.8	42	99.6
19	76.5	43	99.7
20	79.0	44	99.8
21	81.3	45	99.8
22	83.5	46	99.9
23	85.6	>47	> 99.9

Note: Scores greater than 47 have a percentile greater than 99.9. Percentiles based on Van Dam and Earleywine (2011): n = 7634; M = 10.49; SD = 11.8.

Interpretive Text

The CESD-R generates interpretive text based on the algorithmic classification system and endorsed symptoms. The interpretation follows a structured format designed to communicate results clearly to clinicians.

Opening Paragraph: Total Score and Context

The interpretation begins with the assessment date, total score (0-80 range), and percentile rank compared to the community adult normative sample. For follow-up administrations, the interpretation includes:

1. The initial assessment date
2. Score change magnitude and direction (increase or decrease)
3. Clinical significance determination using the Minimally Important Difference (MID) threshold of 5.9 points

Risk Alert: Suicidal Ideation (If Endorsed)

When either item 14 ("I wished I were dead") or item 15 ("I wanted to hurt myself") is endorsed at any frequency level (1-4), a prominently formatted risk alert appears immediately after the opening paragraph. This alert includes:

1. Bold, red-colored heading: "Risk of Self-Harm or Suicide"
2. Specific item numbers and text for endorsed items
3. Frequency of endorsement (matching the 5-point response scale)
4. Recommendation to follow suicide risk assessment protocols

This alert takes precedence and appears before the classification paragraph to ensure clinical attention to safety concerns.

Suicidal Ideation Note (If Not Endorsed)

When neither items 14 or 15 are endorsed (both scored 0), the interpretation includes a final paragraph titled "Suicidal Ideation" noting that the respondent did not endorse items related to suicidal ideation or self-harm. It cautions that a response of "Not at all or less than one day" may indicate either no occurrence or occurrences lasting less than one day during the assessment period, and recommends confirming absence of suicidality through direct clinical assessment and inquiry.

This interpretive framework ensures that clinicians receive clear, actionable information about screening results while maintaining appropriate boundaries around the CESD-R's role as a screening instrument rather than a diagnostic tool.

Classification Paragraph: MDD Results

The classification paragraph describes the algorithmic classification result and provides the rationale based on endorsed symptoms. The interpretation varies by classification level:

Meets Criteria for Major Depressive Episode:

States that responses meet DSM-5-based screening criteria, identifies which core symptom (depressed mood and/or diminished interest/pleasure) was endorsed nearly every day for two weeks, specifies the number of additional DSM-5 symptoms endorsed at the required frequency, and indicates the need for further clinical investigation for diagnosis and intervention planning.

Probable Major Depressive Episode:

States that responses indicate a probable depressive episode, identifies the core symptom endorsed nearly every day, describes the pattern of additional symptoms (distinguishing between those occurring nearly every day versus 5-7 days), and recommends further clinical investigation to clarify the presence and severity.

Possible Major Depressive Episode:

States that responses indicate a possible depressive episode, identifies the core symptom endorsed nearly every day, describes the pattern of additional symptoms with frequency distinctions, and recommends clinical follow-up for further evaluation.

Subthreshold Depression Symptoms:

This text notes that the score is at or above the clinical cutoff of 17, but responses do not meet screening criteria for a probable or possible episode. Explains why criteria were not met (e.g., core symptoms not at required frequency, insufficient additional symptoms), and suggests further clinical inquiry may be beneficial.

No Clinical Significance:

States that the score is below the screening threshold of 17, indicates no clinically significant depressive symptoms appear present, and notes that clinical judgment should be applied when considering the need for further assessment.

Endorsed Symptoms Summary

For classifications of "meets criteria," "probable," or "possible," the interpretation includes a detailed symptom summary organized as:

Header: Classification-specific descriptor (e.g., "Major depressive episode was endorsed by presence of the following symptoms:")

Core symptom listing: The qualifying core symptom (depressed mood or diminished interest/pleasure) appears first, marked as "(core criterion)" with frequency "nearly every day for 2 weeks."

Level 4 symptoms: Additional symptoms occurring "nearly every day for 2 weeks" are listed. This includes all symptom domains (including suicidal ideation if endorsed at level 4) that meet this frequency threshold.

Level 3 symptoms (if present): Introduced with the subheading "Additional symptoms occurring frequently but not meeting the 2-week criterion," these symptoms occurring "5-7 days in the past week" are listed separately with an explanatory note: "Symptoms must occur 'nearly every day for 2 weeks' to count toward DSM-5 diagnostic criteria. However, symptoms occurring 5-7 days still indicate clinical concern and may warrant further assessment."

Symptoms only appear if endorsed at level 3 or higher (5-7 days or nearly every day), with the frequency descriptor matching the actual endorsement level. Symptoms endorsed at levels 1-2 (1-4 days) do not appear in the symptom summary and do not contribute to the classification algorithm.

Interpretive Text Examples

The following examples demonstrate how the interpretive framework generates complete reports across different clinical presentations:

Example 1: Meets Criteria with Follow-up

The Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) was administered on 12th January 2026 and the client's total score was 24 out of 80 (percentile: 87.9 compared to community adults).

The CESD-R classifies depression severity based on DSM-5 criteria for Major Depressive Disorder. This individual's responses meet these screening criteria for a major depressive episode. They reported depressed mood occurring nearly every day for the past two weeks, along with 4 additional DSM-5 symptom(s) at the required frequency. These results indicate the need for further clinical investigation to determine diagnosis and appropriate intervention.

Occurrence of a major depressive episode was endorsed by presence of the following symptoms:

- Depressed Mood (core criterion) - nearly every day for 2 weeks
- Appetite/Weight Changes - nearly every day for 2 weeks
- Sleep Disturbance - nearly every day for 2 weeks
- Diminished Concentration - nearly every day for 2 weeks
- Worthlessness or Guilt - nearly every day for 2 weeks

Suicidal Ideation: The respondent did not endorse items related to suicidal ideation or self-harm on this assessment. It is important to note that a response of "Not at all or less than one day" may indicate either no occurrence of suicidal thoughts/self-harm behaviors, or occurrences that lasted less than one day during the assessment period. Clinicians should confirm the absence of suicidality and self-harm through direct clinical assessment and inquiry.

Example 2: Probable Episode with Mixed Symptom Frequencies and Follow-up

The Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) was administered on 12th January 2026. Since the client completed the initial CESD-R on 12th January 2026 their

total score has decreased by 7 points (from 24 to 17), representing a clinically meaningful improvement in depressive symptoms.

The CESD-R classifies depression severity based on DSM-5 criteria for Major Depressive Disorder. This individual's responses indicate a probable depressive episode based on these screening criteria. They reported depressed mood occurring nearly every day for the past two weeks, along with 3 additional DSM-5 symptoms occurring 5-7 days in the past week. Further clinical investigation is recommended to clarify the presence and severity of depressive symptoms and to determine diagnosis.

Probable major depressive episode was endorsed by presence of the following symptoms:

- Depressed Mood (core criterion) - nearly every day for 2 weeks

Additional symptoms occurring frequently but not meeting the 2-week criterion:

- Appetite/Weight Changes - 5-7 days in the past week
- Sleep Disturbance - 5-7 days in the past week
- Diminished Concentration - 5-7 days in the past week

Suicidal Ideation: The respondent did not endorse items related to suicidal ideation or self-harm on this assessment. It is important to note that a response of "Not at all or less than one day" may indicate either no occurrence of suicidal thoughts/self-harm behaviors, or occurrences that lasted less than one day during the assessment period. Clinicians should confirm the absence of suicidality and self-harm through direct clinical assessment and inquiry.

Example 3: Possible Episode with Follow-up

The Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) was administered on 12th January 2026 and the client's total score was 13 out of 80 (percentile: 59.1 compared to community adults). Since the client completed the initial CESD-R on 12th January 2026, their total score has decreased by 11 points (from 24 to 13), representing a clinically meaningful improvement in depressive symptoms.

The CESD-R classifies depression severity based on DSM-5 criteria for Major Depressive Disorder. This individual's responses indicate a possible depressive episode based on these screening criteria. They reported depressed mood occurring nearly every day for the past two weeks, along with 2 additional DSM-5 symptoms occurring 5-7 days in the past week. Clinical follow-up is recommended to further evaluate depressive symptoms and determine whether a diagnosis may be warranted.

Possible major depressive episode was endorsed by presence of the following symptoms:

- Depressed Mood (core criterion) - nearly every day for 2 weeks

Additional symptoms occurring frequently but not meeting the 2-week criterion:

- Sleep Disturbance - 5-7 days in the past week
- Fatigue or Loss of Energy - 5-7 days in the past week

Note: Symptoms must occur 'nearly every day for 2 weeks' to count toward DSM-5 diagnostic criteria. However, symptoms occurring 5-7 days still indicate clinical concern and may warrant further assessment.

Suicidal Ideation: The respondent did not endorse items related to suicidal ideation or self-harm on this assessment. It is important to note that a response of "Not at all or less than one day" may indicate either no occurrence of suicidal thoughts/self-harm behaviors, or occurrences that lasted

less than one day during the assessment period. Clinicians should confirm the absence of suicidality and self-harm through direct clinical assessment and inquiry.

Example 4: Subthreshold with Follow-up

The Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) was administered on 12th January 2026 and the client's total score was 44 out of 80 (percentile: 99.8 compared to community adults). Since the client completed the initial CESD-R on 12th January 2026, their total score has increased by 20 points (from 24 to 44), representing a clinically meaningful worsening of depressive symptoms.

The CESD-R classifies depression severity based on DSM-5 criteria for Major Depressive Disorder. This individual scored at or above the screening threshold of 17, suggesting the presence of depressive symptoms. However, their responses do not meet the DSM-5 based screening criteria for a probable or possible depressive episode. The core symptoms of depressed mood or diminished interest were not reported at the required frequency (nearly every day for 2 weeks), and an insufficient number of additional symptom areas were endorsed at the required frequency. The elevated score suggests further clinical inquiry may be beneficial to assess current functioning and wellbeing.

Suicidal Ideation: The respondent did not endorse items related to suicidal ideation or self-harm on this assessment. It is important to note that a response of "Not at all or less than one day" may indicate either no occurrence of suicidal thoughts/self-harm behaviors, or occurrences that lasted less than one day during the assessment period. Clinicians should confirm the absence of suicidality and self-harm through direct clinical assessment and inquiry.

Developer

Eaton, W. W., Smith, C., Ybarra, M., Muntaner, C., & Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and revision (CESD and CESD-R). In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment* (3rd ed., pp. 363-377). Lawrence Erlbaum.

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

Instructions:

You will see a list of the ways you might have felt or behaved. Please click the box that indicates how often you have felt this way in the past week or so.

		Not at all or 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
17	I did not like myself.	0	1	2	3	4
18	I lost a lot of weight without trying to.	0	1	2	3	4
19	I had a lot of trouble getting to sleep.	0	1	2	3	4
20	I could not focus on the important things.	0	1	2	3	4

Sample Result



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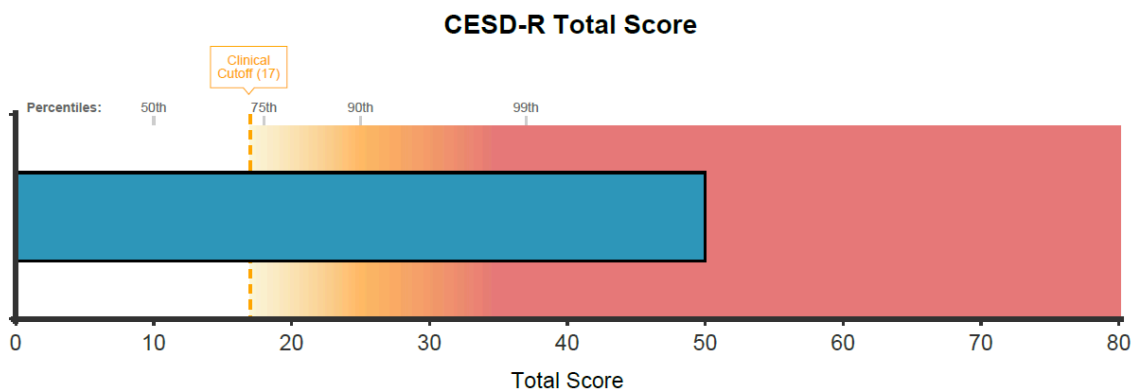
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)

<i>Client Name</i>	Practice Pete	<i>Date administered</i>	8 Dec 2025
<i>Date of birth (age)</i>	1 Jan 1900 (126)	<i>Time taken</i>	1 min 12s
<i>Assessor</i>	Joseph Phillips		

Results

	Raw Score	Community Percentile	MDD Classification
Total (0 - 80)	50	99.9	Probable Major Depressive Episode

The respondent indicated risk of self-harm or suicide. It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.



Symptom Domain

Symptom Domain	Frequency	Meets DSM-5 Criteria
Depressed Mood	Nearly every day for 2 weeks	Yes
Diminished Interest/Pleasure	Nearly every day for 2 weeks	Yes
Appetite/Weight Changes	5-7 days	Partial
Sleep Disturbance	3-4 days	No
Diminished Concentration	5-7 days	Partial
Worthlessness/Guilt	Nearly every day for 2 weeks	Yes
Fatigue/Loss of Energy	5-7 days	Partial
Psychomotor Changes	1-2 days	No
Suicidal Ideation	5-7 days	No*

*Note: Frequency represents the frequency of the highest scoring item in each symptom domain. "Partial" refers to symptoms that have been present for one week. While symptoms need to be present for at least two weeks for the major depressive episode, the CESD-R allows symptoms that have been present for 5-7 days over the last week to support probable or possible major depressive episodes. *While this frequency does not meet the CESD-R threshold of 'nearly every day for 2 weeks', the DSM-5-TR specifies that recurrent thoughts of self harm or suicide satisfy the criterion for suicidal ideation in a major depressive episode. Formal suicide risk assessment protocols are required regardless of frequency.*

Interpretation

The Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) was administered



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on 8th December 2025 and the client's total score was 50 out of 80 (99.9th percentile compared to a community sample).

Risk of Self-Harm or Suicide

The respondent indicated risk of self-harm or suicide based upon the following item(s):

- 14. *I wished I were dead (5-7 days)*
- 15. *I wanted to hurt myself (1-2 days)*

It is recommended to follow suicide risk assessment protocols to determine the nature, severity, and immediacy of the risk.

The CESD-R classifies depression severity based on DSM-5 criteria for Major Depressive Disorder. This individual's responses indicate a probable depressive episode based on these criteria (4 symptoms including one core criterion). They experienced *depressed mood* nearly every day over the previous 2 weeks, along with 2 additional symptoms nearly every day over the previous 2 weeks and 1 additional symptom occurring 5-7 days in the past week.

Probable major depressive episode was endorsed by presence of the following symptoms:

Depressed Mood (core criterion) - nearly every day for 2 weeks:

- 2. I could not shake off the blues. (Nearly every day for 2 weeks)
- 4. I felt depressed. (Nearly every day for 2 weeks)
- 6. I felt sad. (Nearly every day for 2 weeks)

Diminished Interest or Pleasure - nearly every day for 2 weeks:

- 8. Nothing made me happy. (Nearly every day for 2 weeks)
- 10. I lost interest in my usual activities. (Nearly every day for 2 weeks)

Worthlessness or Guilt - nearly every day for 2 weeks:

- 9. I felt like a bad person. (Nearly every day for 2 weeks)
- 17. I did not like myself. (Nearly every day for 2 weeks)

Additional symptoms occurring frequently but not meeting the 2-week criterion:

Appetite/Weight Changes - 5-7 days in the past week:

- 1. My appetite was poor. (5 – 7 days)

Diminished Concentration - 5-7 days in the past week:

- 3. I had trouble keeping my mind on what I was doing. (5 – 7 days)
- 20. I could not focus on the important things. (5 – 7 days)

Fatigue or Loss of Energy - 5-7 days in the past week:

- 16. I was tired all the time. (5 – 7 days)

Suicidal Ideation - 5-7 days in the past week:

- 14. I wished I were dead. (5 – 7 days)

Note: Symptoms must occur 'nearly every day for 2 weeks' to count toward DSM-5 diagnostic criteria for MDD. However, symptoms occurring 5-7 days still indicate clinical concern and may warrant further assessment.



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Scoring and Interpretation Information

The CESD-R consists of 20 items assessing depressive symptoms, each rated on a 5-point frequency scale. Response options range from 0 (Not at all or less than 1 day) to 4 (Nearly every day for 2 weeks), with higher scores indicating more frequent depressive symptoms. Although the instructions ask respondents to consider symptoms experienced over the “past week or so,” the response options span frequencies of up to two weeks. It is important to note that a response of 0 does not necessarily indicate the absence of a symptom, as it may have been present for less than one day.

The total score ranges from 0 to 80, rather than collapsing the two highest response options (as is sometimes done for comparisons with the original CES-D), which yields a score range of 0-60. This approach is consistent with best practice to support more accurate interpretation across severity levels (Bean et al., 2024). Using this scoring approach, a total score of 17 or greater is proposed as a screening clinical cutoff for clinically significant depressive symptoms (Bean et al., 2024).

DSM-Informed Classification of Depressive Symptoms
The CESD-R uses a DSM-5-informed and empirically evaluated classification system for Major Depressive Disorder (MDD) to aid in identifying individuals requiring comprehensive clinical assessment (Eaton et al., 2012; Van Dam & Earleywine, 2011). It organized items into nine depressive symptom domains:

1. Dysphoria: Depressed Mood (items 2, 4, 6)
2. Anhedonia: Diminished Interest/Pleasure (items 8, 10)
3. Appetite/Weight Changes (items 1, 18)
4. Sleep Disturbance (items 5, 11, 19)
5. Diminished Concentration (items 3, 20)
6. Worthlessness/Guilt (items 9, 17)
7. Fatigue/Loss of Energy (items 7, 16)
8. Psychomotor Changes (items 12, 13)
9. Suicidal Ideation (items 14, 15)

The CESD-R classifies depression severity using an algorithmic approach that evaluates symptom frequency across nine DSM-5 symptom domains, rather than relying solely on the total score cutoff. For classifications of Meets Criteria, Probable, or Possible Major Depressive Episode, at least one of two core symptoms must be present: depressed mood (dysphoria) or diminished interest/pleasure (anhedonia). The classification level is then determined by the total number of symptom domains endorsed and the frequency with which symptoms occur. For classification purposes, a symptom domain is counted as present if at least one item within that domain meets the required frequency threshold, and qualifying domains—including the core domains—are included in the total domain count. This approach distinguishes DSM-consistent depressive symptom patterns from subthreshold symptom elevations while preserving sensitivity to clinically meaningful presentations. Elevated classifications indicate the need for thorough diagnostic evaluation for MDD.

- Classification Levels**
1. No Clinical Significance: Total score below 17.
 2. Subthreshold Depression Symptoms: Total score of 17 or above, but does not meet algorithmic criteria for any higher classification.
 3. Possible Major Depressive Episode: Meet criteria for three symptom domains.
 - At least one core symptom (dysphoria or anhedonia) nearly every day for the past two weeks
 - Remaining two symptom domains at a frequency of at least 5–7 days in the past week or nearly every day for the past two weeks



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4. Probable Major Depressive Episode: Meet criteria for four symptom domains.
 - At least one core symptom (dysphoria or anhedonia) nearly every day for the past two weeks
 - Remaining three symptom domains at a frequency of at least 5–7 days in the past week or nearly every day for the past two weeks
5. Meets Criteria for Major Depressive Episode: Meet criteria for five or more symptom domains.
 - At least one core symptom (dysphoria or anhedonia) nearly every day for the past two weeks
 - Remaining symptom domains also occurring nearly every day for the past two weeks

Clinical Interpretation of Suicidal Ideation Domain

The CESD-R allows a lower frequency threshold (5-7 days) for additional symptoms in the 'Probable' and 'Possible' classifications to enhance screening sensitivity for milder presentations. While DSM-5-TR specifies that suicidal ideation is clinically significant if it has occurred on more than one occasion to contribute to an MDD diagnosis, the CESD-R requires 5-7 day frequency for classification purposes. Therefore, clinicians should carefully review responses to the suicidal ideation items (14 & 15), determine if they should count towards establishing a diagnosis of MDD, and consider whether a risk assessment is warranted.

Monitoring Change Over Multiple Administrations

When the CESD-R is administered repeatedly to track symptom changes over time, a Minimally Important Difference (MID) threshold of 6 points distinguishes clinically meaningful change from normal measurement variability. Score changes of 6 points or greater (either increase or decrease) represent clinically meaningful worsening or improvement, while changes below this threshold may suggest stability or fluctuations that do not reach clinical significance.

Client Responses

		Not at all or 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



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Client Responses (cont.)

		Not at all or Less than 1 day	1 – 2 days	3 – 4 days	5 – 7 days	Nearly every day for 2 weeks
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
17	I did not like myself.	0	1	2	3	4
18	I lost a lot of weight without trying to.	0	1	2	3	4
19	I had a lot of trouble getting to sleep.	0	1	2	3	4
20	I could not focus on the important things.	0	1	2	3	4