



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

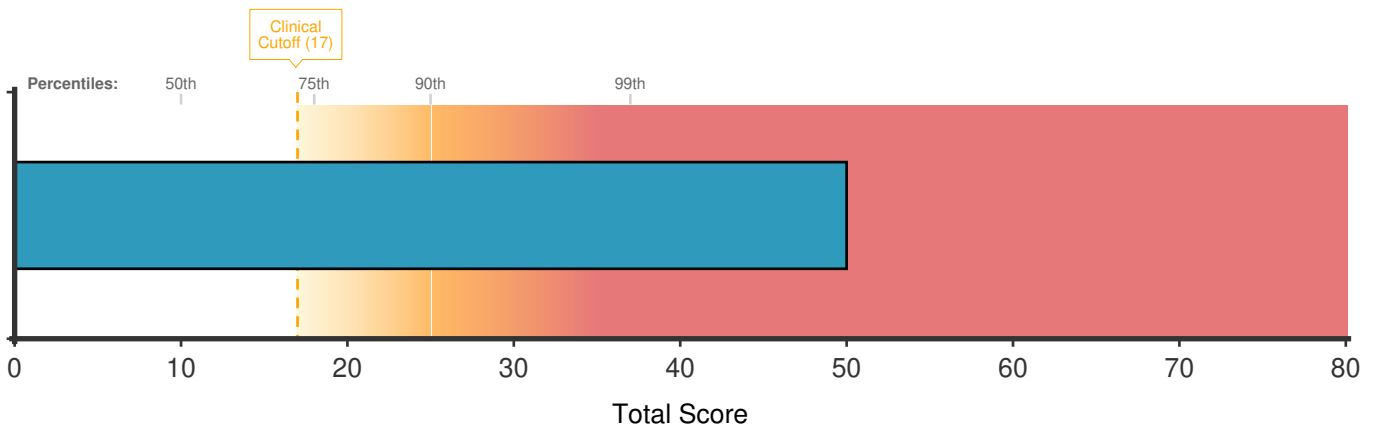
<i>Client Name</i>	Practice Pete	<i>Date administered</i>	8 Dec 2025
<i>Date of birth (age)</i>	1 Jan 1900 (126)	<i>Time taken</i>	1 min 12s
<i>Assessor</i>	Joseph Phillips		

### 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.

### CESD-R Total Score



### 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