



CES-D

Patient ID ___ - ___ ID ___ - ___

Date of Evaluation: **DOEDATE**

Protocol timepoint (see codes): **TMPT**

Instructions: This questionnaire contains 20 statements people might make about how they feel. Please read each statement carefully and pick the best response that best indicates how **often you felt that way during the past week**. Then circle the number below the response you have picked.

Form completed by (check all that apply):		Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	Most or almost all of the time	
<input type="checkbox"/> Patient	<input type="checkbox"/> Coordinator	(<1 day)	(1-2 days)	(3-4 days)	(5-7 days)	
COMP	COMC					
<input type="checkbox"/> Family member/friend	<input type="checkbox"/> Interpreter					
COMF	COMI					
	<input type="checkbox"/> Other					
	COMO					
1.	I was bothered by things that usually don't bother me.	0	1	2	3	BTHR
2.	I did not feel like eating; appetite was poor.	0	1	2	3	APPT
3.	I felt that I could not shake off the blues, even with help from my family	0	1	2	3	BLUE
4.	I felt that I was just as good as other people.	0	1	2	3	GOOD
5.	I had trouble keeping my mind on what I was doing.	0	1	2	3	KMIND
6.	I felt depressed.	0	1	2	3	DPRS
7.	I felt that everything I did was an effort.	0	1	2	3	EFFT
8.	I felt hopeful about the future.	0	1	2	3	FUTR
9.	I thought my life had been a failure.	0	1	2	3	FAIL
10.	I felt fearful.	0	1	2	3	FEAR
11.	My sleep was restless.	0	1	2	3	SLEEP
12.	I was happy.	0	1	2	3	HAPPY
13.	I talked less than usual.	0	1	2	3	TALK
14.	I felt lonely.	0	1	2	3	ONLY
15.	People were unfriendly.	0	1	2	3	UNFR
16.	I enjoyed life.	0	1	2	3	LIFE
17.	I had crying spells.	0	1	2	3	CRY
18.	I felt sad.	0	1	2	3	SAD
19.	I felt that people disliked me.	0	1	2	3	DISLK
20.	I could not get going.	0	1	2	3	GOING

Thank you for completing this questionnaire!

Score: **CESD**

Physician investigator has reviewed completed assessment: Initials ___ Date of review ___/___/___