



(Self-Administered, Participant)

Study ID 

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### ***CES-D – Participant only***

Please answer the following questions about how you felt or behaved in the past week. If your answers suggest the need for treatment and you are under 18 years old, this will need to be shared with your parent or guardian.

The following questions ask you about how you felt or behaved in the past week. Please read each question and shade in the best answer in the appropriate circle. Remember, there are no right or wrong answers.

The response categories are:

- Rarely or none of the time (less than once a week)
- Some or a little of the time (1-2 days per week)
- Occasionally or a moderate amount of the time (3-4 days per week)
- Most or all of the time (5-7 days per week)

A. Today's date is:          
Month      Day      Year

**Please think about the past week.**

- |  |                                 |                               |                                       |                               |
|--|---------------------------------|-------------------------------|---------------------------------------|-------------------------------|
| 1. I was bothered by things that usually don't bother me.....                                | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 2. I did not feel like eating: my appetite was poor.....                                     | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 3. I felt that I could not shake off the blues even with the help of family and friends..... | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 4. I felt that I was just as good as other people.....                                       | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 5. I had trouble keeping my mind on what I was doing.....                                    | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 6. I felt depressed.....   | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 7. I felt that everything I did was an effort.....   | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 8. I felt hopeful about the future.....  | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 9. I thought my life had been a failure.....   | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 10. I felt fearful.....  | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 11. My sleep was restless.....   | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |
| 12. I was happy.....   | <input type="radio"/><br>Rarely | <input type="radio"/><br>Some | <input type="radio"/><br>Occasionally | <input type="radio"/><br>Most |

**Please think about the past week.**

13. I talked less than usual.....  Rarely  Some  Occasionally  Most
14. I felt lonely.....  Rarely  Some  Occasionally  Most
15. People were unfriendly.....  Rarely  Some  Occasionally  Most
16. I enjoyed life.....  Rarely  Some  Occasionally  Most
17. I had crying spells.....  Rarely  Some  Occasionally  Most
18. I felt sad.....  Rarely  Some  Occasionally  Most
19. I felt that people disliked me.....  Rarely  Some  Occasionally  Most
20. I could not get going.....  Rarely  Some  Occasionally  Most

21. Pick one sentence that describes you best for the past **two weeks**.

- I do not think about killing myself.
- I think about killing myself, but would not do it.
- I want to kill myself.