

PEDS-C CES-D Form - Patient Self-Report (Age 18 and over)

PDC 26
Rev 0
01/17/2005
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Please Use Black Pen To Fill Out Form.

Week #	Date of Assessment	Patient ID	Patient Letter Code	
<i>week</i>	<i>assessd</i> / /	<i>idn</i> - -	<i>letcode</i>	corrfix Correction
	mm dd yyyy			

Instructions:

Fill the bubble for each statement that best describes how often you felt or behaved this way - DURING THE PAST WEEK.

	Rarely or None of the Time (less than 1 day)	Some or a Little of the Time (1 - 2 days)	Occasionally or a Moderate Amount of Time (3 - 4 days)	Most or All of the Time (5 - 7 days)	CRA Use Only
During The Past Week:					
1. I was bothered by things that usually don't bother me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd01</i>
2. I did not feel like eating; my appetite was poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd02</i>
3. I felt that I could not shake off the blues even with help from my family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd03</i>
4. I felt that I was just as good as other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd04</i>
5. I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd05</i>
6. I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd06</i>
7. I felt that everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd07</i>
8. I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd08</i>
9. I thought my life had been a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd09</i>
10. I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd10</i>
11. My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd11</i>
12. I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd12</i>
13. I talked less than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd13</i>
14. I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd14</i>
15. People were unfriendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd15</i>

Please continue to page 2.

Signature: _____

Certif. #: _____

staffid1 -

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PEDS-C

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Please Use Black Pen To Fill Out Form.

Week #	Date of Assessment	Patient ID	Patient Letter Code	
<i>week</i>	<i>assessdt</i>	<i>idn</i>	<i>letcode</i>	<i>corrfix</i> Correction
	<small>mm / dd / yyyy</small>	<small>- - - -</small>		

	Rarely or None of the Time (less than 1 day)	Some or a Little of the Time (1 - 2 days)	Occasionally or a Moderate Amount of Time (3 - 4 days)	Most or All of the Time (5 - 7 days)	CRA Use Only
During The Past Week:					
16. I enjoyed life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd16</i>
17. I had crying spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd17</i>
18. I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd18</i>
19. I felt that people disliked me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd19</i>
20. I could not get "going"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>cesd20</i>

Thank you for completing this questionnaire!

Signature: _____

Certif. #:

<i>staffid2</i>	-			
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