



(affix label here)

Patient ID Number	<input type="text"/>					
	Site	Sub-site	Sequential ID			

SEARCH CES-D

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.

Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0904).

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 per 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)

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

The response categories are:

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Some or a little of the time (1 - 2 days per week)

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Most or all of the time (5 - 7 days per week)

- | | | | | | |
|---|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11. My sleep was restless..... | restless_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |
| 12. I was happy..... | happy_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |
| 13. I talked less than usual..... | talkless_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |
| 14. I felt lonely..... | lonely_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |
| 15. People were unfriendly..... | unfriend_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |
| 16. I enjoyed life..... | enjoy_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |
| 17. I had crying spells..... | crying_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |
| 18. I felt sad..... | feltSad_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |
| 19. I felt that people disliked me..... | disliked_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |
| 20. I could not get going..... | getGoing_cesd | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Rarely | Some | Occasionally | Most |

This is the end of the questionnaire. Thank you for answering these questions.

d_CESD

FOR STUDY USE ONLY

Date Completed

<input type="text"/>					
Month		Day		Year	

Date Reviewed

<input type="text"/>					
Month		Day		Year	

Reviewer Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date Entered

<input type="text"/>					
Month		Day		Year	

Data Entry Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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