

CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION (20)

*Below is a list of the ways you might have felt or behaved.
Please indicate how often you have felt this way **DURING THE PAST WEEK.***

- 0** = Rarely or None of the Time (Less than 1 Day)
1 = Some or a Little of the Time (1 - 2 Day)
2 = Occasionally or a Moderate Amount of Time (3 - 4 Days)
3 = Most or All of the Time (5 - 7 Days)

	DURING THE PAST WEEK:	Rarely/ None	Some/ A Little	Occasionally/ Moderately	Most/ All
1.	I was bothered by things that usually don't bother me	0	1	2	3
2.	I did not feel like eating; my appetite was poor.	0	1	2	3
3.	I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
4.	I felt that I was just as good as other people	0	1	2	3
5.	I had trouble keeping my mind on what I was doing.	0	1	2	3
6.	I felt depressed.	0	1	2	3
7.	I felt that everything I did was an effort.	0	1	2	3
8.	I felt hopeful about the future.	0	1	2	3
9.	I thought my life had been a failure.	0	1	2	3
10.	I felt fearful.	0	1	2	3
11.	My sleep was restless.	0	1	2	3
12.	I was happy.	0	1	2	3
13.	I talked less than usual.	0	1	2	3
14.	I felt lonely.	0	1	2	3
15.	People were unfriendly.	0	1	2	3
16.	I enjoyed life	0	1	2	3
17.	I had crying spells.	0	1	2	3
18.	I felt sad.	0	1	2	3
19.	I felt that people disliked me.	0	1	2	3
20.	I could not get "going".	0	1	2	3