

CESD-R20

Please read each of the following statements and place an X in the box which best describes *how often you have felt this way in the past week or so*.

Not at all
or less
than 1
day

1-2
days

3-4 days

5-7
days

Nearly
every day
for 2
weeks

| | | | | | |
|---|--|--|--|--|--|
| 1. My appetite was poor. | | | | | |
| 2. I could not shake off the blues. | | | | | |
| 3. I had trouble keeping my mind on what I was doing. | | | | | |
| 4. I felt depressed. | | | | | |
| 5. My sleep was restless. | | | | | |
| 6. I felt sad. | | | | | |
| 7. I could not get going. | | | | | |
| 8. Nothing made me happy. | | | | | |
| 9. I felt like a bad person. | | | | | |
| 10. I lost interest in my usual activities. | | | | | |
| 11. I slept much more than usual. | | | | | |
| 12. I felt like I was moving too slowly. | | | | | |
| 13. I felt fidgety. | | | | | |
| 14. I wished I were dead. | | | | | |
| 15. I wanted to hurt myself. | | | | | |
| 16. I was tired all the time. | | | | | |
| 17. I did not like myself. | | | | | |
| 18. I lost a lot of weight without trying to. | | | | | |
| 19. I had a lot of trouble getting to sleep. | | | | | |
| 20. I could not focus on the important things. | | | | | |