

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.					