

Circle Visit: $\quad{ }^{1}$ Visit $1 \quad{ }^{3}$ Visit $2 \quad{ }^{4}$ Visit 2 (New Participant)

Form Version Date: _16/09/2014

## CES-D

Visit 2

## For Internal Use Only - Please Mark the Appropriate Box Below:

| $\square^{2}$. | was Administered In-Person by Stud |
| :---: | :---: |
|  | ..This Form was Administered via Telephone by Study Personnel |
| $\square^{4}$. | ..This Form was Mailed and Self-Administered by Participant |
|  | ..This Form was Administered by Other: |

## CES-D: Instructions

I am going to read you a list of ways you might have felt or behaved during the past week or past seven days. After I read an item, please look at this card and tell me how often you have felt this way during the past week.

## Refer to Card in Appendix B

Q1. During the past week, I was bothered by things that usually don't bother me. How often did you feel this way?

## Interviewer: Read Responses.



Q2. I had trouble keeping my mind on what I was doing:


Q3. I felt that everything I did was an effort:


Q4. I felt depressed:


Q5. I felt hopeful about the future:

$\qquad$
$\qquad$

Q6. I felt fearful:

| 0 | Rarely or none of the time (less than 1 day) |
| :---: | :---: |
| 1 | Some or a little of the time (1 to 2 days) |
|  | ...................A moderate amount of time (3 to 4 days) |
|  | .............Most of the time |
| ${ }^{\text {D }}$ | ...........Don't Know |
|  | ...............................Refused |

Q7. My sleep was restless:


Q8. I was happy:


Q9. I felt lonely:


Q10. I could not get going:


