CESD

I am going to read a list of the ways you may have felt or behaved recently. For each statement, please indicate how often you have felt this way during the PAST WEEK, using the following scale. [SHOW CARD V]

			Rarely or none of the time (less than 1 day)	Some of the time (1-2 days) 2	Occasionally (3-4 days) 3	Most of the time (5-7 days)	Don't Know	Refused
9	1.	I was bothered by things that don't usually bother me.	0	0	0	0	0	0
i	2.	I had trouble keeping my mind on was doing.	hat I O	0	0	0	0	0
	3.	I felt depressed.	0	0	0	0	0	0
	4.	I felt that everything I did was an effo	ort. O	0	0	0	0	0
	5.	I felt hopeful about the future.	0	0	0	0	0	0
	6.	l felt fearful.	0	0	0	0	0	0
	7.	My sleep was restless.	0	0	0	0	0	0
	8.	I was happy.	0	0	0	0	0	0
	9.	I felt lonely.	0	0	0	0	0	0
	10	. I could not get "going".	0	0	0	0	0	0