



(affix label here)

Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site	Sub-site	Sequential ID			

SEARCH CES-D

Please answer the following questions about how you felt or behaved in the past week. If your answers suggest the need for treatment and you are under 18 years old, this will need to be shared with your parent or guardian.

SEARCH 3 Cohort Study – CES-D Form – 11-01-10

The following questions ask you about how you felt or behaved in the past week. Please read each question and shade in the best answer in the appropriate circle. Remember, there are no right or wrong answers.

The response categories are:

Rarely or none of the time (less than once per week)

Some or a little of the time (1 - 2 days per week)

Occasionally or a moderate amount of the time (3 - 4 days per week)

Most or all of the time (5 - 7 days per week)

- | | | | | |
|----------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I was bothered by things that usually don't bother me..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |
| 2. I did not feel like eating: my appetite was poor..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |
| 3. I felt that I could not shake off the blues even with the help of family and friends..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |
| 4. I felt that I was just as good as other people..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |
| 5. I had trouble keeping my mind on what I was doing..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |
| 6. I felt depressed..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |
| 7. I felt that everything I did was an effort..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |
| 8. I felt hopeful about the future..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |
| 9. I thought my life had been a failure..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |
| 10. I felt fearful..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Rarely | Some | Occasionally | Most |

The response categories are:

Rarely or none of the time (less than once per week)

Some or a little of the time (1 - 2 days per week)

Occasionally or a moderate amount of the time (3 - 4 days per week)

Most or all of the time (5 - 7 days per week)

11. My sleep was restless.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most
12. I was happy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most
13. I talked less than usual.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most
14. I felt lonely.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most
15. People were unfriendly.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most
16. I enjoyed life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most
17. I had crying spells.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most
18. I felt sad.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most
19. I felt that people disliked me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most
20. I could not get going.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rarely	Some	Occasionally	Most

This is the end of the questionnaire. Thank you for answering these questions.

FOR STUDY USE ONLY

Date Completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

Date Reviewed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

Reviewer Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date Entered

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

Data Entry
Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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