

Center for Epidemiologic Studies Depression scale 10 (CES-D 10)

Instructions: Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	0	1	2	3
2. I had trouble keeping my mind on what I was doing.	0	1	2	3
3. I felt depressed.	0	1	2	3
4. I felt that everything I did was an effort.	0	1	2	3
5. I felt hopeful about the future.	3	2	1	0
6. I felt fearful.	0	1	2	3
7. My sleep was restless.	0	1	2	3
8. I was happy.	3	2	1	0
9. I felt lonely.	0	1	2	3
10. I could not "get going."	0	1	2	3

Total: _____