

Center for Epidemiologic Studies Depression Scale Revised (CESD-R-10)

About: This scale is a self-report measure of depression.

Items: 10

Reliability:

Internal consistency for the CES-D-10 = (Cronbach's $\alpha=0.86$)

Test-retest reliability for the CES-D-10 = (ICC=0.85).

Test-retest reliability for individual items = (ICC=0.11-0.73)

(Miller et al. 2008)

Validity:

Convergent validity = .91

Divergent validity = .89

Correlation of the CES-D-10 to SF-36 subscales varies depending on the subscale.

Physical Function (Pearson's $r=0.37$)

Mental Health (Pearson's $r=0.71$)

(Miller et al. 2008)

Scoring:

	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)
Questions 5 & 8	3	2	1	0
All other questions	0	1	2	3

The total score is calculated by finding the sum of 10 items. Do not score the form if more than 2 items are missing. Any score equal to or above 10 is considered depressed.

References:

- Björgvinsson, T., Kertz, S.J., Bigda-Peyton, J.S., McCoy, K.L., Aderka, I.M. (2013). [Psychometric properties of the CES-D-10 in a psychiatric sample](#). *Assessment*, 20, 429-436.
- Miller, W.C., Anton, H.A., Townson, A. F. (2008). [Measurement properties of the CESD scale among individuals with spinal cord injury](#). *Spinal Cord*, 46, 287-292.
- Radloff, L. S. (1977). [CES-D scale: A self report depression scale for research in the general populations](#). *Applied Psychological Measurement*, 1, 385-401.

Center for Epidemiologic Studies Short Depression Scale (CES-D-R 10)

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I could not "get going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>