

Center for Epidemiologic Studies Depression Scale Revised (CESD-R-20)

About: This scale is a self-report measure of depression. Questions measure 8 different subscales, including:

Sadness (Dysphoria): (Q. 2, 4, 6), *Loss of Interest (Anhedonia):* (Q. 8, 10), *Appetite:* (Q. 1, 18), *Sleep:* (Q. 5, 11, 19), *Thinking / concentration:* (Q. 3, 20), *Guilt (Worthlessness):* (Q. 9, 17), *Tired (Fatigue):* (Q. 7, 16), *Movement (Agitation):* (Q. 12, 13), *Suicidal Ideation:* (Q. 14, 15)

Items: 20

Reliability:

Internal consistency for the CES-D-20 = (Cronbach's $\alpha=0.85 - 0.90$)

Test-retest reliability for the CES-D-20 = (0.45 - 0.70).

Validity: The CES-D was moderately correlated to the Hamilton Clinician's Rating scale and the Raskin Rating scale (.44 to .54).

Scoring:

	Not at all or less than one day = 0	1-2 days = 1	3-4 days = 2	5-7 days = 3	Nearly every day for 2 weeks = 4
Questions 4, 8, 12, & 16	4	3	2	1	0
All other questions	0	1	2	3	4

The total score is calculated by finding the sum of 20 items. Scores range from 0-60. A score equal to or above 16 indicates a person at risk for clinical depression.

Meets criteria for Major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks, and symptoms in an additional 4 DSM symptom groups noted as occurring nearly every day for the past two weeks;

Probable major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks, and symptoms in an additional 3 DSM symptom groups reported as occurring either nearly every day for the past two weeks, or 5-7 days in the past week;

Possible major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks, and symptoms in an additional 2 other DSM symptom groups reported as occurring either nearly every day for the past two weeks, or 5-7 days in the past week;

Subthreshold depression symptoms: People who have a CESD-style score of at least 16 but do not meet above criteria;

No clinical significance: People who have a total CESD-style score less than 16 across all 20 questions.

References:

Radloff, L. S. (1977). The CES-D scale: [A self report depression scale for research in the general population.](#) *Applied Psychological Measurements*, 1, 385-401.

Center for Epidemiologic Studies Depression Scale (CESD)

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

- 1 = Rarely or None of the Time (Less than 1 Day)
- 2 = Some or a Little of the Time (1-2 Days)
- 3 = Occasionally or a Moderate Amount of Time (3-4 Days)
- 4 = Most or All of the Time (5-7 Days)

During the past week:

	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)	Most or 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 did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt that I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>