(CES-D)

(Target Caregiver)

These next questions are about you and how you have been feeling. Tell me whether these statements were true for you in the **past month**. **Use the following response options:**

 **0 =Never   1 =Rarely 2 =Sometimes 3 =Often**

**In the past month:**

1. Were you bothered by things.     0 1 2 3

2. You did not feel like eating.     0 1 2 3

3. You could not shake off the blues.   0 1 2 3

4. You felt you were just as good as others. 0 1 2 3

5. You had trouble keeping your mind on things. 0 1 2 3

6. In the past month, did you feel depressed?   0 1 2 3

7. You felt like everything you did was an effort.   0 1 2 3

8. Did you feel hopeful about the future?    0 1 2 3

9. Did you think your life had been a failure? 0 1 2 3

10. Did you feel fearful? 0 1 2 3

 11. Was your sleep restless? 0 1 2 3

12. Were you happy? 0 1 2 3

13. Did you talk less than usual? 0 1 2 3

14. Did you feel lonely 0 1 2 3

15. Were people unfriendly to you? 0 1 2 3

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**In the past month,**

16. Did you enjoy life? 0 1 2 3

17. In the past month, did you have crying spells?   0 1 2 3

18. Did you feel sad?      0 1 2 3

19. Did you feel that people disliked you?   0 1 2 3

20. Did you feel you could not get going?    0 1 2 3