

CES-D10

NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number Date of Patient Visit
mmm dd yyyy

Protocol Number
Institution Code

Form Week * Seq. No. ** Step No.
Key Operator Code

* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on the same date with a 2, 3, etc.
 **Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.

INSTRUCTIONS: Please answer the following questions by placing a "✓" in the appropriate box.

1. For each of the following statements, please check the box that best describes how often you felt or behaved this way during the past week.

(Check one)

	Rarely or None of the Time <small>(Less than 1 day)</small>	Some or a Little of the Time <small>(1-2 days)</small>	Occasionally or a Moderate Amount of the Time <small>(3-4 days)</small>	Most or All of the Time <small>(5-7 days)</small>
a. I was bothered by things that usually don't bother me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. I felt depressed.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. I felt that everything I did was an effort.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. I felt hopeful about the future.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. I felt fearful.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. My sleep was restless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. I was happy.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. I felt lonely.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. I could not get "going".	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Language: English