

LAW ENFORCEMENT FAMILIES PARTNERSHIP



SELF-TEST: DEPRESSION

Center for Epidemiologic Studies Depression Scale (CES-D)

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**: (*circle one number on each line*)

	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)	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 did not feel like eating; my appetite was poor.	0	1	2	3
3.	I felt that I could not shake off the blues, even with help from my family.	0	1	2	3
4.	I had trouble keeping my mind on what I was doing.	0	1	2	3
5.	I felt depressed.	0	1	2	3
6.	I felt that everything I did was an effort.	0	1	2	3
7.	I thought my life had been a failure.	0	1	2	3
8.	I felt fearful.	0	1	2	3
9.	My sleep was restless.	0	1	2	3
10.	I talked less than usual.	0	1	2	3
11.	I felt lonely.	0	1	2	3
12.	People were unfriendly.	0	1	2	3
13.	I had crying spells.	0	1	2	3
14.	I felt sad.	0	1	2	3
15.	I felt that people disliked me.	0	1	2	3
16.	I could not "get going".	0	1	2	3
17.	I felt that I was just as good as other people.	3	2	1	0
18.	I felt hopeful about the future.	3	2	1	0
19.	I was happy.	3	2	1	0
20.	I enjoyed life.	3	2	1	0



To score this tool, add up your responses to the 20 items.

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SELF-TEST: DEPRESSION (Continued)

SCORING

SCORE:
The higher your score, the greater the chance that you may be suffering from depression. Scores of 16 to 26 are
considered indicative of mild depression and scores of 27 or more indicative of possible major depression.

This tool is not meant to diagnose depression, only to give you a way to assess whether or not you might need to seek further assessment or treatment.

If you have questions or would like further evaluation, please contact your employment assistance program (EAP), physician, or a mental health professional.