

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Center for Epidemiological Studies *Mood Scale*

**Instructions:** Using the scale below, indicate the number which best describes how often you felt or behaved this way, on average, *during the past week or so*.

- 0 = Rarely, or none of the time (less than 1 day)
- 1 = Some, or a little of the time (1-2 days)
- 2 = Occasionally, or a moderate amount of time (3-4 days)
- 3 = Most or all of the time (5-7) days

1.	0	1	2	3	I was bothered by things that usually don't bother me		
2.	0	1	2	3	I did not feel like eating; my appetite was poor		
3.	0	1	2	3	I couldn't shake off the blues, even with help from my family or friends		
4.	0	1	2	3	I felt that I was not as good as other people		
5.	0	1	2	3	I had trouble keeping my mind on what I was doing		
6.	0	1	2	3	I felt depressed		
7.	0	1	2	3	I felt that everything I did was an effort		
8.	0	1	2	3	I felt hopeless about the future		
9.	0	1	2	3	I thought my life had been a failure		
10.	0	1	2	3	I felt fearful		
11.	0	1	2	3	My sleep was restless		
12.	0	1	2	3	I was unhappy		
13.	0	1	2	3	I talked less than usual		
14.	0	1	2	3	I felt lonely		
15.	0	1	2	3	People were unfriendly		
16.	0	1	2	3	I did not enjoy life		
17.	0	1	2	3	I had crying spells		
18.	0	1	2	3	I felt sad		
19.	0	1	2	3	I felt that people disliked me		
20.	0	1	2	3	I could not get "going."		
	0				← Column Subtotal	<b>Total Score</b> →	

office use: 0 – 15 WNL; 13-20; 20-30; >30