



Counseling Services

DEPRESSION SCREENING AND CONSULTATION

Center for Epidemiologic Studies Depression (CES-D) Scale items:

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 by checking (✓) the appropriate space.

During the past week:	RARELY or NONE of the time	SOME or a LITTLE of the time	OCCASIONALLY or a MODERATE amount of the time	MOST or ALL of the time
	0-1 days	1-2 days	3-4 days	5-7 days
1. I was bothered by things that usually don't bother me.				
2. I did not feel like eating; my appetite was poor.				
3. I felt that I could not shake off the blues even with help from my family.				
4. I felt that I was just as good as other people.				
5. I had trouble keeping my mind on what I was doing.				
6. I felt depressed.				
7. I felt that everything I did was an effort.				
8. I felt hopeful about the future.				
9. I thought my life had been a failure.				
10. I felt fearful.				
11. My sleep was restless.				
12. I was happy.				
13. I talked less than usual.				
14. I felt lonely.				
15. People were unfriendly.				
16. I enjoyed life.				
17. I had crying spells.				
18. I felt sad.				
19. I felt that people disliked me.				
20. I could not get "going."				

EMU Students, Faculty or Staff:

1. COMPLETE FORM.
2. CALL COUNSELING SERVICES AT 4317 TO SCHEDULE A FREE CONSULTATION.
3. BRING THE FORM WITH YOU TO YOUR APPOINTMENT!