

June 14, 1997

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Center:

Patient Initials:   
Rand Number:

Form completed by:

1. Visit:  00 Pre-randomization  18 18 month  30 30 month

N\_VISIT

For each statement, check the answer that best describes how often you felt or behaved this way -- 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)	Most or All of the Time (5-7 Days)
2. I was bothered by things that usually don't bother me <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
3. I did not feel like eating; my appetite was poor <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
4. I felt I could not shake off the blues even with help from my family or friends <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
5. I felt I was just as good as other people <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
6. I had trouble keeping my mind on what I was doing <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
7. I felt depressed <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
8. I felt that everything I did was an effort <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
9. I felt hopeful about the future <del>deleted</del> ....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
10. I thought my life had been a failure.....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
11. I felt fearful <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
12. My sleep was restless <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
13. I was happy <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
14. I talked less than usual <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
15. I felt lonely <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
16. People were unfriendly <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
17. I enjoyed life <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
18. I had crying spells <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
19. I felt sad <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7
20. I felt people disliked me <del>deleted</del> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7

21. I could not get "going" deleted .....

1

3

5

7

**Summary scales:**

*Variable Name*

*Description*

CES

Center for Epidemiologic Studies Depression Scale

For information on how this summary scale was computed see the following reference.

Radloff, L. S. (1977). *The CES-D Scale: A self-report depression scale for research in the general population*. *Applied Psychological Measurement*, 1, 385-401.