Center for Epidemiologic Studies Depression Scale (CES-D)

Home Visitor Instructions

(Please remove this instruction page before giving the family member the form to complete)

CES-D:

1. For the Benchmarks: The CES-D tool should be completed within 30 – 90 days after the baby is born/post-partum. (The tool has to be completed and entered into the database no later than 90 days past the birth of the target child for it to be a valid measure for the benchmark).
2. For Fidelity: The CES-D tool should also be completed at enrollment and annually from the time of enrollment into the program and as needed when concerns arise.
3. Positive Score: A positive score of 16 or higher indicates a concern or abuse.

For the Benchmarks: This tool requires Home Visitors to make a referral to services within 30-90 post-partum days if there are areas of concern. (The referral has to be completed and entered into the database no later than 90 days past the birth of the target child for it to be a valid measure for the benchmark). Referrals should also be made as needed for the fidelity enrollment and annual measure. A referral needs to be made if the following is true:

1. A positive screening score of 16 or higher

Documentation Requirements:

- When a referral is made by the home visitor (referral tab).
- When the referral made by the home visitor is completed. A "completed referral" means that the client; (1) kept at least 1 appointment with the referral agency, (2) made a telephone call appointment to the referral agency, and/or (3) completed an application to the agency for services. Even if the client finds out that she/he is not eligible for services, the referral is still "complete".
- *If a family already receives* services that address this concern and a Home Visitor feels that a new referral is not needed because the family currently participates in those services with success (refer to your program procedures).
    - **a)** *For FamilyWise Users:* Document this in the "Household Tab" under "Agencies Serving Families". Under role mark the appropriate service.
    - **b)** *For EHS users:* Document this in the Benchmark Template.

(Refer to your program's Data Manual for further instructions for scoring, how to utilize this data in your service delivery and how to talk to families about the results.)

Center for Epidemiologic Studies Depression Scale (CES-D)

Date: _____ Family Number: _____

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you've felt this way during the **past week**. Respond to all items.

Place a check mark (✓) in the appropriate column. **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.				
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."				

Source: 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.

© 2006 depression-help-resource.com. All rights reserved.

Scoring for Center for Epidemiologic Studies Depression Scale (CES-D)

Directions: Do not score if missing more than 4 responses. 1) For each item, look up your response and corresponding score (0-3). 2) Fill in the score for each item under the last column labeled "Score." 3) Calculate your Total Score by adding up all 20 scores.

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

Scoring Results: Total Score of 16 or higher is considered depressed.
If your score indicates depression, see a health care/mental health professional for further evaluation and treatment. Bring these test results to your appointment.

© 2006 depression-help-resource.com. All rights reserved.