

SPNS Program Cooperative Agreement Evaluation
Module 26B: CES-D8 Form (Interview)
National Evaluation by The Measurement Group

ID Letters	ID Numbers	Site	Sub-Provider	Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Month Day Year</small>
Staff Code	Client Gender	<p>READ TO RESPONDENT: I am going to read a list of the ways you might feel. For each description that I read to you, please tell me how often you have felt this way during the past week.</p> <p>INSTRUCTIONS TO INTERVIEWER: Show respondent Card A. Darken the circle for each item corresponding to the category stated by the respondent.</p>		
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female			
<p>1. I felt that I could not shake off the blues even with help from my family or friends.</p>		<input type="radio"/> Rarely or none of the time (less than 1 day) <input type="radio"/> Some or a little of the time (1-2 days) <input type="radio"/> Occasionally or a moderate amount of the time (3-4 days) <input type="radio"/> Most or all of the time (5-7 days)		
<p>2. I felt depressed.</p>		<input type="radio"/> Rarely or none of the time (less than 1 day) <input type="radio"/> Some or a little of the time (1-2 days) <input type="radio"/> Occasionally or a moderate amount of the time (3-4 days) <input type="radio"/> Most or all of the time (5-7 days)		
<p>3. I thought my life had been a failure.</p>		<input type="radio"/> Rarely or none of the time (less than 1 day) <input type="radio"/> Some or a little of the time (1-2 days) <input type="radio"/> Occasionally or a moderate amount of the time (3-4 days) <input type="radio"/> Most or all of the time (5-7 days)		
<p>4. I felt fearful.</p>		<input type="radio"/> Rarely or none of the time (less than 1 day) <input type="radio"/> Some or a little of the time (1-2 days) <input type="radio"/> Occasionally or a moderate amount of the time (3-4 days) <input type="radio"/> Most or all of the time (5-7 days)		
<p>5. My sleep was restless.</p>		<input type="radio"/> Rarely or none of the time (less than 1 day) <input type="radio"/> Some or a little of the time (1-2 days) <input type="radio"/> Occasionally or a moderate amount of the time (3-4 days) <input type="radio"/> Most or all of the time (5-7 days)		
<p>6. I felt lonely.</p>		<input type="radio"/> Rarely or none of the time (less than 1 day) <input type="radio"/> Some or a little of the time (1-2 days) <input type="radio"/> Occasionally or a moderate amount of the time (3-4 days) <input type="radio"/> Most or all of the time (5-7 days)		
<p>7. I had crying spells.</p>		<input type="radio"/> Rarely or none of the time (less than 1 day) <input type="radio"/> Some or a little of the time (1-2 days) <input type="radio"/> Occasionally or a moderate amount of the time (3-4 days) <input type="radio"/> Most or all of the time (5-7 days)		
<p>8. I felt sad.</p>		<input type="radio"/> Rarely or none of the time (less than 1 day) <input type="radio"/> Some or a little of the time (1-2 days) <input type="radio"/> Occasionally or a moderate amount of the time (3-4 days) <input type="radio"/> Most or all of the time (5-7 days)		