

**SPNS Program Cooperative Agreement Evaluation  
Module 26C: CES-D4 Form (Interview)  
National Evaluation by The Measurement Group**

<b>ID Letters</b>	<b>ID Numbers</b>	<b>Site</b>	<b>Sub-Provider</b>	<b>Date</b>
<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"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Month                      Day                      Year</small>

<b>Staff Code</b>	<b>Client Gender</b>	<p><b>READ TO RESPONDENT:</b> 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><b>INSTRUCTIONS TO INTERVIEWER:</b> 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><b>1. I felt depressed.</b></p>	<p style="text-align: center;"> <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>
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<p><b>2. I felt lonely.</b></p>	<p style="text-align: center;"> <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>
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<p><b>3. I had crying spells.</b></p>	<p style="text-align: center;"> <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>
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<p><b>4. I felt sad.</b></p>	<p style="text-align: center;"> <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>
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