

**SPNS Program Cooperative Agreement Evaluation
Module 26C: CES-D4 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"/> / <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 depressed.</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>2. I felt lonely.</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>3. I had crying spells.</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>4. I felt sad.</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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