Hassles and Moods B					
ID NUMBER: CONTACT YEAR: FORM CODE: CES VERSION A 08/08/2000					
Circle the number for each statement which best describes how often you felt 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 the Time (3-4 days)	Most or All of the Time (5-7 days)	
1. I was bothered by things that usually don't bother me 1		2	3	4	
 I did not feel like eating; my appetite was poor1 		2	3	4	
3. I felt that I could not shake off the blues even with help from my friends	1	2	3 1 of 4	4	

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4.	I felt that I was just as good as other people	1	2	3	4
5.	I had trouble keeping my mind on what I was doing	1	2	3	4
6.	I felt depressed	1	2	3	4
7.	I felt that everything I did was an effort	1	2	3	4
8.	I felt hopeful about the future	1	2	3	4
9.	I thought my life had been a failure	1	2	3	4

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10. I felt fearful	1	2	3	4
11. My sleep was restless	1	2	3	4
12. I was happy	1	2	3	4
13. I talked less than usual	1	2	3	4
14. I felt lonely	1	2	3	4
15. People were unfriendly	1	2	3	4
16. I enjoyed life	1	2	3	4

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17. I had crying spells	1	2	3	4
18. I felt sad	1	2	3	4
19. I felt that people disliked me	1	2	3	4
20. I could not get "going"	1	2	3	4

