

**CES-D10**

NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Patient Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						mmm	dd	yyyy			
Protocol Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Institution Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Form Week	<input type="text"/>	<input type="text"/>	<input type="text"/>	* Seq. No.	<input type="text"/>	** Step No.	<input type="text"/>	<input type="text"/>	Key Operator Code	<input type="text"/>	<input type="text"/>

\* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on the same date with a 2, 3, etc.  
 \*\*Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.

**FOR OFFICE USE ONLY - TEAR OFF SHEET**

**INSTRUCTIONS TO THE STUDY NURSE:**

The CES-D10 should be given to the study participant prior to the clinical exam and preferably in a quiet secluded area (e.g., exam room or other office). The study participant must be able to read at the sixth-grade level at a minimum to complete the questionnaire without additional assistance.

It is important to be familiar with the content and format of the questionnaire before giving it to study participants. At the first visit, please begin by telling the study participant:

“Quisiéramos que usted leyera una lista de frases que describen la forma como usted pudo haberse sentido o comportado durante la última semana. Sus respuestas nos ayudarán a entender los efectos de los medicamentos que usted está tomando. Nosotros le agradecemos por contestar este cuestionario.”

You should then briefly go over the format of the questions and how to complete them. Have the study participant complete the questionnaire before vital signs, history, and physical are completed.

The questionnaire is very brief and should take no more than 10 minutes to complete. Before giving the study participant the questionnaire, please fill out the header(s) and **DETACH THIS PAGE**.

Each question is in the same general format and contains several items. Note that the study participant is always asked to make a “✓” in the box that comes the closest to experiences he/she has been having.

For data keying, if the study participant did not answer a question, enter “-1.”

**PLEASE COMPLETE THE FOLLOWING ITEMS AFTER STUDY PARTICIPANT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:**

1. How was the questionnaire completed? .....
- 1-Self administered by the study participant
  - 2-Face-to-face interview that you conducted
  - 3-Both self-administered and interview
  - 4-Not completed
  - 9-Other, specify

**If Other, specify [30]:** \_\_\_\_\_

- a. If you answered “4-Not completed,” please indicate the reason why and STOP.
- 1-Study participant refused
  - 2-Study participant missed clinic visit
  - 3-There was not enough time
  - 9-Other reason, specify

**If Other, specify [30]:** \_\_\_\_\_

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 mmm dd yyyy  
 Protocol Number   
 Institution Code  
 Form Week  \* Seq. No.  \*\* Step No.   
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**INSTRUCCIONES:**

Por favor, complete las preguntas que siguen colocando un "✓" en la casilla apropiada.

1. En cada una de las frases que siguen, marque la casilla que mejor indique la frecuencia con que usted se sintió o se comportó de esta manera durante la última semana.

*(Marque una casilla.)*

	Raramente o nunca (Menos de 1 día)	Algo o un poco (1-2 días)	Ocasional- mente o moderada- mente (3-4 días)	Siempre o todo el tiempo (5-7 días)
a. Me molestaron cosas que normalmente no me molestan.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Tuve dificultad para mantener mi mente en lo que estaba haciendo.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Me sentí deprimido.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Tuve la impresión de que todo lo que hice necesitó esfuerzo.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Me sentí esperanzado acerca del futuro.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Me siento miedoso.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Mi sueño fue intranquilo.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Yo estuve feliz.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Me sentí solitario.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. No pude ponerme "en marcha".	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Language:  Spanish