

## UCLA Depression Scale – RF

*Instructions:* Please read and respond to the following items based on how you **have felt for the past week including today**. Please answer every statement and only select one response for each item.

	Almost Never	Rarely	Sometimes	Often	Very Often	Almost Always
1. I feel an overall sense of sadness.	0	1	2	3	4	5
2. I feel discouraged.	0	1	2	3	4	5
3. I feel little pleasure for things I should enjoy.	0	1	2	3	4	5
4. I feel dissatisfied with my life.	0	1	2	3	4	5
5. I feel inadequate or worthless.	0	1	2	3	4	5
6. I feel like ending my life.	0	1	2	3	4	5
7. I have lost the desire to pursue my normal interests.	0	1	2	3	4	5
8. Negative thoughts dominate my thinking.	0	1	2	3	4	5
9. I am critical of myself (e.g., I feel like I'm a failure or not good enough).	0	1	2	3	4	5
10. I lack motivation to do things.	0	1	2	3	4	5
11. I have little or no energy (e.g., feeling sluggish, fatigued).	0	1	2	3	4	5
12. I have difficulty making decisions.	0	1	2	3	4	5
13. I feel like my life has no purpose.	0	1	2	3	4	5
14. My sleep is not normal (e.g., oversleeping, can't fall asleep, or trouble remaining asleep).	0	1	2	3	4	5
15. I feel hopeless.	0	1	2	3	4	5
16. I think about ways to die.	0	1	2	3	4	5
17. I overeat or eat poorly.	0	1	2	3	4	5
18. I experience overwhelming feelings of guilt.	0	1	2	3	4	5
19. I lack confidence in myself.	0	1	2	3	4	5
20. I have difficulty focusing my thoughts.	0	1	2	3	4	5

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