# Center for Epidemiological Studies Depression Scale (CES-D and CES-D-10)

## Assessment Overview

### Assessment Area

<table>
<thead>
<tr>
<th>ICF Domain:</th>
<th>Body Function</th>
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<tbody>
<tr>
<td>Subcategory:</td>
<td>Mental Functions</td>
</tr>
</tbody>
</table>

### Summary

The CES-D was developed to identify current depressive symptomatology related to major or clinical depression in adults and adolescents. It is a screening measure (NOT a diagnostic tool). Items include depressed mood, feelings of guilt, worthlessness and helplessness, psychomotor retardation, loss of appetite and sleep difficulties. There are 10 and 20 item versions of the scale. The most commonly used version of the CES-D is the 20 item version; thus when articles states to CES-D, they usually refer to the 20 item version. The CESD-R (not discussed here) was developed in 2004 as a revision of the original CES-D.

### You Will Need

**Length:**
5-10 minutes, 10 (CES-D-10) or 20 (CES-D) items

**Scoring:**
Items scored 0-4. Total score is the sum of all items: 0-30 for CES-D-10 and 0-60 for CES-D. Higher scores indicate greater symptoms

**Training:**
None but knowledge about depression and mental health is helpful

### Availability

[http://www.scireproject.com/sites/default/files/worksheet_center_for_epidemiologic_studies_depression_scale_ces-d.pdf](http://www.scireproject.com/sites/default/files/worksheet_center_for_epidemiologic_studies_depression_scale_ces-d.pdf)

**Languages:** Translations are available

## Assessment Interpretability

### Minimal Clinically Important Difference

Not established in SCI

### Statistical Error

Not established in SCI

### Typical Values

**Mean (Range) CES-D score:**

15.2 (0-42)

39% of sample scored over 15
30% of sample scored over 19

(Miller et al. 2008; N=47, 30 males; mixed injury types; > 1 year post-SCI)

**Threshold Values:**

For SCI populations:

CES-D: ≥19

(Kuptniratsaikul et al 2002; N=83, 66 male; Thai CES-D; mixed injury type; no info on chronicity; sensitivity=80%, specificity=69.8%, AUC=0.83)

(Wada et al 2007; N=2219, non-SCI, Japanese sample; sensitivity=93%, specificity=92%)

For non-SCI populations:

CES-D-10: ≥11 (Andresen et al 1994)
### Measurement Properties

<table>
<thead>
<tr>
<th>Validity – <strong>Low</strong> to <strong>High</strong></th>
<th>Reliability – <strong>Low</strong> to <strong>High</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low</strong> to <strong>High</strong> correlation with SF-36 subscales:</td>
<td><strong>Low</strong> to <strong>High</strong> Test-retest Reliability:</td>
</tr>
<tr>
<td>CES-D correlation = 0.27-0.75</td>
<td>CES-D ICC = 0.87</td>
</tr>
<tr>
<td>CES-D-10 correlation = 0.37-0.71</td>
<td>CES-D-10 ICC = 0.85</td>
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**Moderate** correlation with Visual Analogue Scale – Fatigue:
CES-D correlation = 0.52
CES-D-10 correlation = 0.57
(Miller et al. 2008; N=47, 30 males; mixed injury types; > 1 year post-SCI)

**Moderate** correlation between CES-D and Fatigue Severity Scale:
Correlation = 0.58
(Anton et al. 2008; n=48, 31 males; mixed injury types; mean 14.9 years post-SCI)

**Number of studies reporting validity data:** 3

<table>
<thead>
<tr>
<th>Responsiveness</th>
<th>Floor/Ceiling Effect:</th>
<th>Effect Size:</th>
<th>Number of studies reporting responsiveness data:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not established in SCI</td>
<td>Not established in SCI</td>
<td>0</td>
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**High** Internal Consistency:
CES-D $\alpha = 0.91$
(CES-D-10 $\alpha = 0.89$
(Miller et al. 2008; N=47, 30 males; mixed injury types; > 1 year post-SCI)

(Rintala 2013; N=69, all male; mixed injury types; mean (SD) time since injury = 12.8(7.2) years)

**Number of studies reporting reliability data:** 3