



### Client Information

<i>Client Name</i>	John Blogs
<i>Date of birth (age)</i>	16 December 2009 (11)

### Assessment Information

<i>Assessment</i>	Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)
<i>Date administered</i>	20 April 2021
<i>Assessor</i>	Dr Ben Buchanan'
<i>Time taken</i>	0 minutes 13 seconds

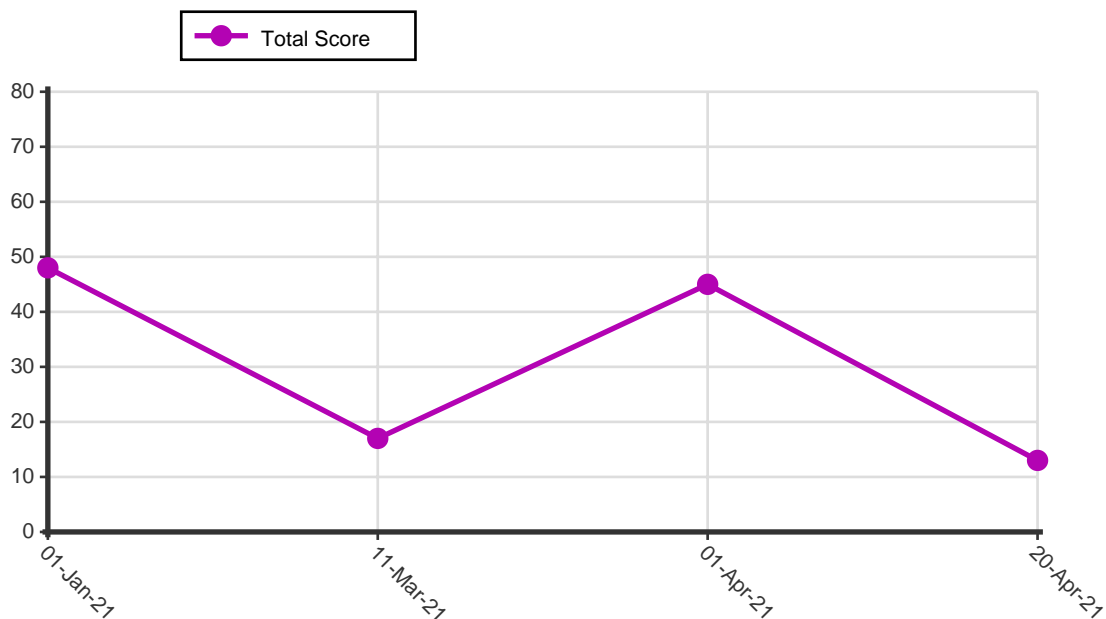
### Results

	Raw Score	Percentile compared to adults	Percentile compared to students
Total	13	59.1	40.1

### Interpretive Text

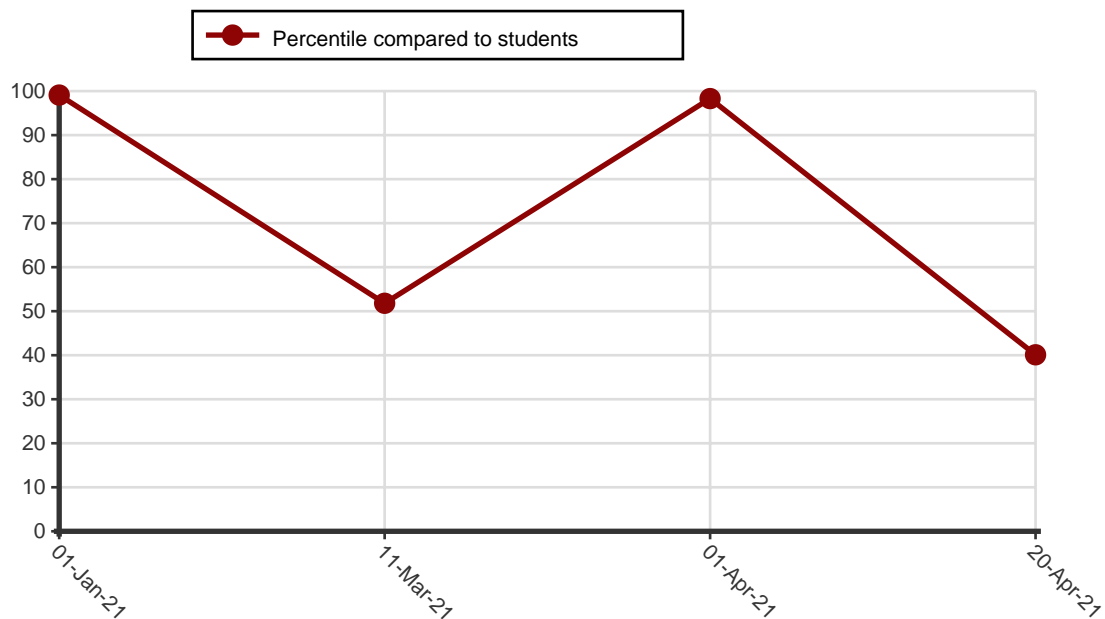
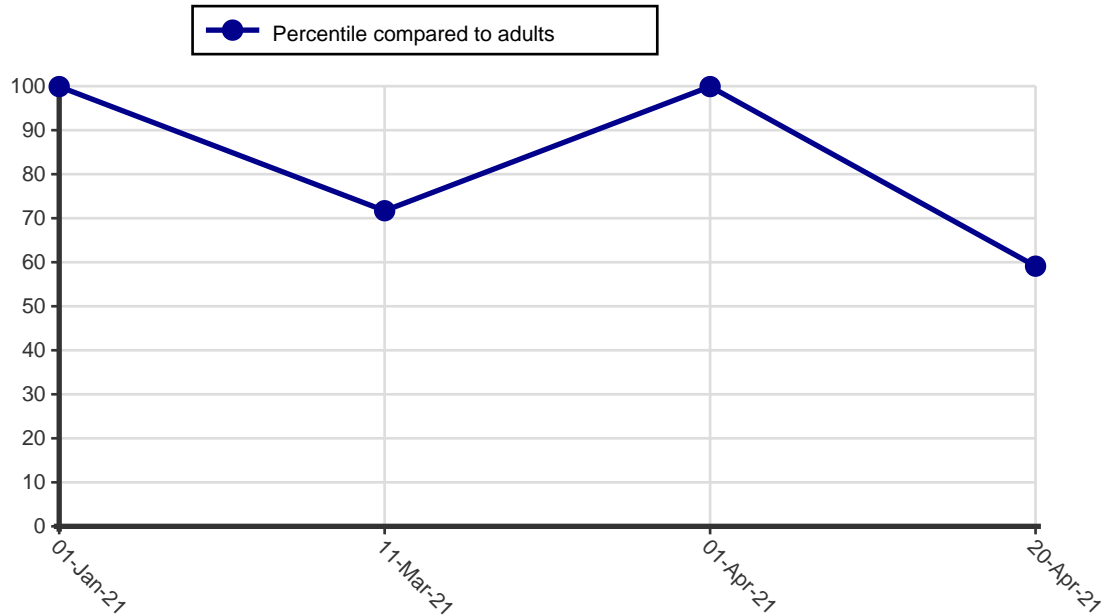
Given this individual scored 15 or below they are assessed as not having clinically significant symptoms.

This individual endorsed one or more question pertaining to suicide. It is recommended that a further risk assessment be carried out.





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### Scoring and Interpretation Information

Scores are presented as total raw scores as well and two percentiles, one based on a community sample of adults and the other based on a student sample (mean age = 19.5). High scores indicate more symptoms of depression.

Further interpretation of individual responses can be done in light of the symptoms clusters of Major Depressive Disorder.

1 - Sadness (Dysphoria): Questions 2, 4,



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**Scoring and Interpretation Information (cont.)**

- 6
- 2 - Loss of Interest (Anhedonia): Questions 8, 10
- 3 - Appetite: Questions 1, 18
- 4 - Sleep: Questions 5, 11, 19
- 5 - Thinking / concentration: Questions 3, 20
- 6 - Guilt (Worthlessness): Questions 9, 17
- 7 - Tired (fatigue): Questions 7, 16
- 8 - Movement (Agitation): Questions 12, 13
- 9 - Suicidal ideation: Questions 14, 15

According to the DSM-5 criteria, diagnosis of Major Depressive disorder can be made if five (or more) of the above symptoms clusters are endorsed and at least one of the symptom is either (1) depressed mood or (2) loss of interest in pleasure.

**Client Responses**

		Not at all / Less than 1 day	1 – 2 days	3 – 4 days	5 – 7 days	Nearly every day for 2 weeks
1	My appetite was poor.	0	1	2	3	4
2	I could not shake off the blues.	0	1	2	3	4
3	I had trouble keeping my mind on what I was doing.	0	1	2	3	4
4	I felt depressed.	0	1	2	3	4
5	My sleep was restless.	0	1	2	3	4
6	I felt sad.	0	1	2	3	4
7	I could not get going.	0	1	2	3	4
8	Nothing made me happy.	0	1	2	3	4
9	I felt like a bad person.	0	1	2	3	4
10	I lost interest in my usual activities.	0	1	2	3	4
11	I slept much more than usual.	0	1	2	3	4
12	I felt like I was moving too slowly.	0	1	2	3	4



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**Client Responses (cont.)**

		Not at all / Less than 1 day	1 – 2 days	3 – 4 days	5 – 7 days	Nearly every day for 2 weeks
13	I felt fidgety.	0	1	2	3	4
14	I wished I were dead.	0	1	2	3	4
15	I wanted to hurt myself.	0	1	2	3	4
16	I was tired all the time.	0	1	2	3	4
17	I did not like myself.	0	1	2	3	4
18	I lost a lot of weight without trying to.	0	1	2	3	4
19	I had a lot of trouble getting to sleep.	0	1	2	3	4
20	I could not focus on the important things.	0	1	2	3	4