

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

CHILD'S NAME:

DATE:

Number
Score

0

INSTRUCTIONS

Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the *past* week.

DURING THE PAST WEEK...	Not At All	A Little	Some	A Lot
1. I was bothered by things that usually don't bother me.	0	0	0	0
2. I did not feel like eating, wasn't hungry	0	0	0	0
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better	0	0	0	0
4. I felt like I was just as good as other kids	0	0	0	0
5. I felt like I couldn't pay attention to what I was doing	0	0	0	0

DURING THE PAST WEEK...	Not At All	A Little	Some	A Lot
6. I felt down and unhappy	0	0	0	0
7. I felt like I was too tired to do things	0	0	0	0
8. I felt like something good was going to happen	0	0	0	0
9. I felt like things I did before didn't work out right	0	0	0	0
10. I felt scared	0	0	0	0

DURING THE PAST WEEK...	Not At All	A Little	Some	A Lot
11. I didn't sleep as well as I usually sleep	0	0	0	0
12. I was happy	0	0	0	0
13. I was more quiet than usual	0	0	0	0
14. I felt lonely like I didn't have any friends	0	0	0	0
15. I felt like kids I know were not friendly or that they didn't want to be with me	0	0	0	0

DURING THE PAST WEEK...	Not At All	A Little	Some	A Lot
16. I had a good time	0	0	0	0
17. I felt like crying	0	0	0	0
18. I felt sad	0	0	0	0
19. I felt people didn't like me	0	0	0	0
20. It was hard to get started doing things	0	0	0	0