



Patient Name _____ Date of Birth _____

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

INSTRUCTIONS

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

| | Not at all | A Little | Some | A Lot |
|--|---------------|-------------|------|----------|
| DURING THE PAST WEEK | | | | |
| 1. I was bothered by things that usually don't bother me. | 0 | 1 | 2 | 3 |
| 2. I did not feel like eating, I wasn't very hungry | 0 | 1 | 2 | 3 |
| 3. I wasn't able to feel happy, even when my family or friends tried to help me feel better. | 0 | 1 | 2 | 3 |
| 4. I felt like I was just as good as other kids. | 0 | 1 | 2 | 3 |
| 5. I felt like I couldn't pay attention to what I was doing | 0 | 1 | 2 | 3 |
| DURING THE PAST WEEK | | | | |
| 6. I felt down and unhappy | 0 | 1 | 2 | 3 |
| 7. I felt like I was too tired to do things. | 0 | 1 | 2 | 3 |
| 8. I felt like something good was going to happen | 0 | 1 | 2 | 3 |
| 9. I felt like things I did before didn't work out right | 0 | 1 | 2 | 3 |
| 10. I felt scared | 0 | 1 | 2 | 3 |
| DURING THE PAST WEEK | | | | |
| 11. I didn't sleep as well as I usually sleep | 0 | 1 | 2 | 3 |
| 12. I was happy | 0 | 1 | 2 | 3 |
| 13. I was more quiet than usual | 0 | 1 | 2 | 3 |
| 14. I felt lonely, like I didn't have any friends | 0 | 1 | 2 | 3 |
| 15. I felt like kids I know were not friendly or that they didn't want to be with me. | 0 | 1 | 2 | 3 |
| DURING THE PAST WEEK | | | | |
| 16. I had a good time | 0 | 1 | 2 | 3 |
| 17. I felt like crying | 0 | 1 | 2 | 3 |
| 18. I felt sad | 0 | 1 | 2 | 3 |
| 19. If felt people didn't like me | 0 | 1 | 2 | 3 |
| 20. It was hard to get started doing things | 0 | 1 | 2 | 3 |
| OFFICE USE | | | | |
| <i>Add the score for each column</i> | | | | |
| 0 + + + | | | | |
| TOTAL SCORE = | | | | |