

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

Date:

Patient Name:

**INSTRUCTIONS**

Below is a list of the ways you might have felt or acted. Please check how much you have felt this day 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. <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I did not feel like eating, I wasn't very hungry.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I wasn't able to feel happy, even when my family or friends tried to help me feel better. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I felt like I was just as good as other kids.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I felt like I couldn't pay attention to what I was doing.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**DURING THE PAST WEEK**

- |   | Not At All               | A Little                 | Some                     | A Lot                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. I felt down and unhappy.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I felt like I was too tired to do things.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I felt like something good was going to happen.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I felt like things I did before didn't work out right. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I felt scared.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**DURING THE PAST WEEK**

- |   | Not At All               | A Little                 | Some                     | A Lot                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. I didn't sleep as well as I usually sleep.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I was happy.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I was more quiet than usual.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I felt lonely, like I didn't have any friends.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I felt like kids I know were not friendly or that they didn't want to be with me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**DURING THE PAST WEEK**

- |  | Not At All               | A Little                 | Some                     | A Lot                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. I had a good time.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I felt like crying.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I felt sad.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. I felt like people didn't like me.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. It was hard to get started doing things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |