

## 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 way during the *past week*.

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

<b>DURING THE PAST WEEK</b>	<b>Not At All</b>	<b>A Little</b>	<b>Some</b>	<b>A Lot</b>
6. I felt down and unhappy.	_____	_____	_____	_____
7. I felt like I was too tired to do things.	_____	_____	_____	_____
8. I felt like something good was going to happen.	_____	_____	_____	_____
10. I felt scared.	_____	_____	_____	_____

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

\*Research efforts identify this tool as a product of the National Institute of Mental Health (NIMH). All NIMH documents are in the public domain and may be provided free of charge.

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continued**

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

Number \_\_\_\_\_

Score \_\_\_\_\_

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