



The Kahala Clinic for Children & Family

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

Patient Name: _____

Date of Birth: ____/____/____
MM DD YYYY

Below is a list of statements that describe the ways you might have felt or acted. Please check **how much** you have felt this way during the **past week**. Then mark the appropriate box beneath **one** of the following choices: Not At All, A Little, Some, or A Lot.

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
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.				
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.				
9. I felt like things I did before didn't work out right.				
10. I felt scared.				
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.				

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
15. I felt like kids I know were not friendly or that they didn't want to be with me.				
16. I had a good time.				
17. I felt like crying.				
18. I felt sad.				
19. I felt like people didn't like me.				
20. It was hard to get started doing things.				

For Staff Only:

Total Score _____

Weissman MM, Orvaschel H, Padian N. 1980. Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders*, 168(12): 736-740.

Faulstich ME, Carey MP, Ruggiero L, et al. 1986. Assessment of depression in childhood and adolescence: An evaluation of the Center for Epidemiological Studies Depression Scale for Children (CES-DC). *American Journal of Psychiatry*, 143(8): 1024-1027.