BRIGHT FUTURES 🛰 TOOL FOR PROFESSIONALS

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

Number __

	Score			
INSTRUCTIONS Below is a list of the ways you might have felt or acted. Please of	check how <i>much</i> y	ou 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.				
2. I did not feel like eating, I wasn't very hungry.				
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.				
DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
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.				
DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
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.				
DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
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.				