GARDEN PSYCH

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**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 check how much you 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. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
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. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**DURING THE PAST WEEK Not At All A Little Some A Lot**

1. I felt down and unhappy. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
2. I felt like I was too tired to do things. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
3. I felt like something good was going to happen. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
4. I felt like things I did before didn’t work out right. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
5. I felt scared. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**DURING THE PAST WEEK Not At All A Little Some A Lot**

1. I didn’t sleep as well as I usually sleep. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
2. I was happy. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
3. I was more quiet than usual. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
4. I felt lonely, like I didn’t have any friends. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
5. 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**

1. I had a good time. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
2. I felt like crying. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
3. I felt sad. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
4. I felt people didn’t like me. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
5. It was hard to get started doing things. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_