Child's Name:	Date of Birth:
Filled out by:	Todav's Date:

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 check how <i>much</i> you have felt this way during the <i>past wee</i>					
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.					