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 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.	l 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
6.	l 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.				
DUR	ING THE PAST WEEK	Not At All	A Little	Some	A Lot
11.	l didn't sleep as well as I usually sleep.				
12.	l 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.				
DUR	ING 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.	l felt people didn't like me.				
20.	It was hard to get started doing things.				

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