

Center for Epidemiologic Studies Depression Scale (CES-D Scale) Parent Version (modified from the public domain)

Patient Name: _____ **Date:** _____

Instructions: Please read each question carefully, then **circle** one of the numbers to the right to indicate how your child has felt or behaved **during the past week**, including today.

	RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)	SOME OR LITTLE OF THE TIME (1-2 DAYS)	OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)	MOST OR ALL OF THE TIME (5-7 DAYS)
1. S/he was bothered by things that usually don't bother her/him.	0	1	2	3
2. S/he did not feel like eating; appetite was poor.	0	1	2	3
3. S/he felt that s/he could not shake off the blues even with help from family or friends.	0	1	2	3
4. S/he felt that s/he was just as good as other people.	0	1	2	3
5. S/he had trouble keeping her/his mind on what s/he was doing.	0	1	2	3
6. S/he felt depressed.	0	1	2	3
7. S/he felt that everything was an effort.	0	1	2	3
8. S/he felt hopeful about the future.	0	1	2	3
9. S/he thought life had been a failure.	0	1	2	3
10. S/he felt fearful.	0	1	2	3
11. Her/his sleep was restless.	0	1	2	3
12. S/he was happy.	0	1	2	3
13. S/he talked less than usual.	0	1	2	3
14. S/he felt lonely.	0	1	2	3
15. S/he thought people were unfriendly.	0	1	2	3
16. S/he enjoyed life.	0	1	2	3
17. S/he had crying spells.	0	1	2	3
18. S/he felt sad.	0	1	2	3
19. S/he felt that people dislike her/him.	0	1	2	3
20. S/he could not get "going."	0	1	2	3