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DEPRESSION SELF-RATING SCALE FOR CHILDREN

CHILD'S NAME: _____

NAME OF PERSON COMPLETING FORM: _____

RELATIONSHIP TO CHILD: _____ DATE: _____

DIRECTIONS: This self-rating scale was developed for children between the ages of 8 and 14 years of age. Please read these statements and indicate the degree to which each item best describes how you have felt **in the past Week**. The correct answer is to say how **you** really have felt.

	Never	Sometimes	Most Often
1. I LOOK FORWARD TO THINGS AS MUCH AS I USED TO	0	1	2
2. I SLEEP VERY WELL	0	1	2
3. I FEEL LIKE CRYING	0	1	2
4. I LIKE TO GO OUT TO PLAY	0	1	2
5. I FEEL LIKE RUNNING AWAY	0	1	2
6. I GET TUMMY ACHES	0	1	2
7. I HAVE LOTS OF ENERGY	0	1	2
8. I ENJOY MY FOOD	0	1	2
9. I CAN STICK UP FOR MYSELF	0	1	2
10. I THINK LIFE ISN'T WORTH LIVING	0	1	2
11. I AM GOOD AT THE THINGS I DO	0	1	2
12. I ENJOY THE THINGS I DO AS MUCH AS I USED TO	0	1	2
13. I LIKE TALKING WITH MY FAMILY	0	1	2
14. I HAVE BAD DREAMS	0	1	2
15. I FEEL VERY LONELY	0	1	2
16. I AM EASILY CHEERED UP	0	1	2
17. I FEEL SO SAD I CAN HARDLY STAND IT	0	1	2
18. I FEEL VERY BORED	0	1	2
SCORE TOTALS:			