

## Childhood Depression Checklist

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** Pick out the **one answer** that best describes the way you have been feeling during the past two weeks, including today. Circle the number of the correct answer. Please do not choose more than one number for each statement. Respond to each situation as best you can: if it's not a problem at all; if it's a mild problem, that is bothersome but doesn't interfere with daily activities; or a moderate problem, that does interfere with daily activities; or a severe problem, that makes it very hard to have a normal day at all.

Do you experience or feel the following?	Not a Problem	Mild	Moderate	Severe
1. Impaired/declining school performance	0	1	2	3
2. Difficulty having fun	0	1	2	3
3. Social withdrawal	0	1	2	3
4. Difficulty falling asleep	0	1	2	3
5. Difficulty staying asleep	0	1	2	3
6. Early morning awakening	0	1	2	3
7. Decreased appetite	0	1	2	3
8. Weight loss	0	1	2	3
9. Increased appetite	0	1	2	3
10. Weight gain	0	1	2	3
11. Fatigue	0	1	2	3
12. Somnolence, excessive sleeping	0	1	2	3
13. Excessive/inappropriate physical complaints	0	1	2	3
14. Irritability	0	1	2	3
15. Anger outbursts	0	1	2	3
16. Low self-esteem	0	1	2	3
17. Feelings of guilt or remorse	0	1	2	3
18. Lack of confidence	0	1	2	3
19. Feeling sad or unhappy	0	1	2	3
20. Morbid thoughts, horror/death/violence	0	1	2	3
21. Thoughts about suicide	0	1	2	3
22. Self-injurious behavior, e.g. cutting	0	1	2	3
23. Listless speech	0	1	2	3
24. Excessive weeping	0	1	2	3
25. Decreased physical activity	0	1	2	3

<b>MEAN ITEM SCORE</b>		<b>TOTAL SCORE</b>	
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