

Children's Depression Inventory (CDI)

Child's Information:

Name: _____

Date of Birth: _____

Grade/Class: _____

Date of Assessment: _____

Assessor's Name: _____

Instructions: Please read each statement carefully and mark the box next to the option that best describes how you have been feeling.

1.	<input type="checkbox"/> I am sad once in a while.
	<input type="checkbox"/> I am sad many times.
	<input type="checkbox"/> I am sad all the time.
2.	<input type="checkbox"/> I get along with people.
	<input type="checkbox"/> I get into fights many times.
	<input type="checkbox"/> I get into fights all the time.
3.	<input type="checkbox"/> I feel hopeful about the future.
	<input type="checkbox"/> I sometimes feel hopeful about the future.
	<input type="checkbox"/> I never feel hopeful about the future.
4.	<input type="checkbox"/> I enjoy playing with my friends.

	<input type="checkbox"/> I sometimes enjoy playing with my friends.
	<input type="checkbox"/> I don't enjoy playing with my friends.
5.	<input type="checkbox"/> I feel like everyone is my friend.
	<input type="checkbox"/> I feel like some people are my friends.
	<input type="checkbox"/> I feel like no one is my friend.
6.	<input type="checkbox"/> I feel good about myself.
	<input type="checkbox"/> I feel okay about myself.
	<input type="checkbox"/> I feel bad about myself.
7.	<input type="checkbox"/> I enjoy my family's company.
	<input type="checkbox"/> I sometimes enjoy my family's company.
	<input type="checkbox"/> I don't enjoy my family's company.
8.	<input type="checkbox"/> I think good things will happen to me.
	<input type="checkbox"/> I'm not sure if good things will happen to me.
	<input type="checkbox"/> I think bad things will happen to me.
9.	<input type="checkbox"/> I like going to school.
	<input type="checkbox"/> I don't like going to school sometimes.

	<input type="checkbox"/> I never like going to school.
10.	<input type="checkbox"/> I am happy with the way I look.
	<input type="checkbox"/> I am sometimes happy with the way I look.
	<input type="checkbox"/> I am unhappy with the way I look.
11.	<input type="checkbox"/> I always feel safe.
	<input type="checkbox"/> I sometimes feel safe.
	<input type="checkbox"/> I never feel safe.
12.	<input type="checkbox"/> I find it easy to concentrate on tasks.
	<input type="checkbox"/> I find it hard to concentrate on tasks sometimes.
	<input type="checkbox"/> I find it very hard to concentrate on tasks.

Assessor's Notes or Grading:

Overall Score: _____

• **Interpretation:**

- Normal
- Mild Depression
- Moderate Depression
- Severe Depression

• **Comments/Observations:**