



Center for Epidemiological Studies Depression Scale for Children, 10-item (CES-DC-10Sy)

10-item version adapted for Syrian children in Lebanon

This abridged version of the Center for Epidemiological Studies Depression Scale for Children (CES-DC-10Sy) is a 10-item self-report depression inventory with possible scores ranging from 0 to 30. Each response to an item is scored as follows:

0 = "Not At All"

1 = "A Little"

2 = "Some"

3 = "A Lot"

However, item 6 is phrased positively, and thus is scored in the opposite order:

3 = "Not At All"

2 = "A Little"

1 = "Some"

0 = "A Lot"

Higher CES-DC scores indicate increasing levels of depression. See accompanying report [McEwen et al., Validating screening questionnaires for internalising and externalising disorders against clinical interviews in 8-17 year-old Syrian refugee children, January 2020] for guidance on appropriate cut-off scores.

References

For current version:

McEwen, F.S., Bosqui, T., Kyrillos, V., Moghames, P., Chehade, N., Popham, C., Bolton, P., Saab, D., Karam, G.E., Karam, E.G., Pluess, M. (in preparation).

Other:

Weissman MM, Orvaschel H, Padian N (1980). Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders*, 168:12, 736–740.

Faulstich ME, Carey MP, Ruggiero L, et al. (1986). Assessment of depression in childhood and adolescence: An evaluation of the Center for Epidemiological Studies Depression Scale for Children (CES-DC). *American Journal of Psychiatry*, 143:8, 1024–1027.

Contact

Please contact Dr Fiona S. McEwen for more information: f.mcewen@qmul.ac.uk or fsmcewen@hotmail.com

A Qualtrics version of this questionnaire for administration via tablet / app is available on request.



Center for Epidemiological Studies Depression Scale for Children, 10-item (CES-DC-10Sy)

Participant version (English)

INSTRUCTIONS

I'm going to read you a list of the ways you might have felt or acted. Please tell me how much you have felt this way during the past two weeks.

DURING THE PAST TWO WEEKS

Not at all

A little

Some

A lot

1. I was bothered by things that usually don't bother me.
2. I wasn't able to feel happy, even when my family or friends tried to help me feel better.
3. I felt like I couldn't pay attention to what I was doing (e.g., homework, playing, watching TV, doing chores).
4. I felt down and unhappy.
5. I felt like I was too tired to do things.
6. I was happy.
7. I felt lonely, like I didn't have any friends.
8. I felt like crying.
9. I felt sad.
10. It was hard to get started doing things (e.g., homework, playing, watching TV, doing chores)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name or ID: _____
Date: _____
Score: _____



Center for Epidemiological Studies Depression Scale for Children, 10-item (CES-DC-10Sy)

Interview version / scoring template (English)

INSTRUCTIONS

I'm going to read you a list of the ways you might have felt or acted. Please tell me how much you have felt this way during the past two weeks.

DURING THE PAST TWO WEEKS

Not at all A little Some A lot

- | | | | | |
|---|-----------|-----------|-----------|-----------|
| 1. I was bothered by things that usually don't bother me. | _____ (0) | _____ (1) | _____ (2) | _____ (3) |
| 2. I wasn't able to feel happy, even when my family or friends tried to help me feel better. | _____ (0) | _____ (1) | _____ (2) | _____ (3) |
| 3. I felt like I couldn't pay attention to what I was doing (e.g., homework, playing, watching TV, doing chores). | _____ (0) | _____ (1) | _____ (2) | _____ (3) |
| 4. I felt down and unhappy. | _____ (0) | _____ (1) | _____ (2) | _____ (3) |
| 5. I felt like I was too tired to do things. | _____ (0) | _____ (1) | _____ (2) | _____ (3) |
| 6. I was happy. | _____ (3) | _____ (2) | _____ (1) | _____ (0) |
| 7. I felt lonely, like I didn't have any friends. | _____ (0) | _____ (1) | _____ (2) | _____ (3) |
| 8. I felt like crying. | _____ (0) | _____ (1) | _____ (2) | _____ (3) |
| 9. I felt sad. | _____ (0) | _____ (1) | _____ (2) | _____ (3) |
| 10. It was hard to get started doing things (e.g., homework, playing, watching TV, doing chores) | _____ (0) | _____ (1) | _____ (2) | _____ (3) |

Name or ID:	_____
Date:	_____
Score:	_____